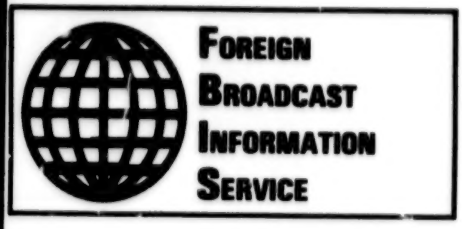
JPRS-TEP-93-024
3 November 1993



JPRS Report

Epidemiology

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Estimate of HIV-Positive Cases Now 92,000

94WE0047A Lusaka TIMES OF ZAMBIA in English 20 Aug 93 p 4

[Article: "Botswana AIDS Cases Swell"]

[Text] Gaborone, Thursday—Estimates of Botswana residents carrying the AIDS-causing HIV virus have jumped over 50 percent to 92,000 since the beginning of the year, latest figures published in the local Press said.

According to a study carried out for the health ministry, the virus was spreading faster in Botswana than in Africa's high-risk countries of Uganda, Malawi and neighbouring Zimbabwe.

A study commissioned by the health ministry in January put the number of HIV-infected persons at 60,000 of Botswana's 1.3m people.

The worst hit area in Botswana is the diamond-rich country's second city of Francistown to the north, where 34 percent of the people had contracted the virus which often leads to full-blown AIDS.

One in five pregnant women in Botswana's capital Gaborone and one in three expectant mothers in Francistown are infected with the HIV virus.

Ministry officials say that in comparison with Central and East Africa where HIV is confined to certain areas, the HIV virus in Botswana is evenly spread across the country.

They attribute this to the even distribution to the country's good roads and transport network which facilitates travel to all regions.—ZANA/DPA.

ZIMBABWE

96 AIDS Deaths in Bulawayo in June

94WE0048C Harare THE HERALD in English 17 Aug 93 p 7

[Text] Bulawayo—Ninety-six people in Bulawayo died of AIDS or HIV-related diseases in June, says the city's director of health services, Dr Barnett Nyathi.

According to the latest council minutes, the director told a meeting of the health, housing, amenities and liquor committee that the figure represented approximately 16.4 percent of all deaths recorded in the city during the month of June.

The number of deaths related to AIDS increased by 20, from the month of May when 76 people died of the disease.—HERALD correspondent.

Chitungwiza Records 70 AIDS Deaths in Month

94WE0048D Harare THE HERALD in English 16 Aug 93 p 1

[Text] Seventy people have died of HIV-related pneumonia and tuberculosis within one month in Chitungwiza and more than 800 cases have been diagnosed.

The town's health authorities are now worried by an influx of patients suffering from the two diseases at the town's clinics and main hospital.

Chitungwiza Town Council's director of health services, Dr Mike Simoyi, said in an interview yesterday that the 70 people died in June. Fifty-two died of pneumonia and 18 others died of tuberculosis.

Diarrhoea and gastro-enteritis claimed 27 lives in the town during the same month.

"The most disturbing thing is that most of the cases had underlying HIV infection. We are getting new cases every month and our register of cases will soon exceed 1,000," said Dr Simoyi.

He described the town's hospital system as having been completely overwhelmed by the diseases, adding that lots of drugs were being used for treatment. The mainstay drug for tuberculosis is streptomycin and it is available locally.

Dr Simoyi said a rise in TB and pneumonia was noticed in Chitungwiza in the mid-1980s. In 1989 and 1990, studies were carried out and the results revealed that there was a definite link between HIV, TB and pneumonia.

"Since independence, the Government had gone all out to try and control TB with follow-up systems in place. We would do contact tracing and cross-referral to ensure that the disease was contained," he said.

TB was a difficult condition to treat and was one of the killer diseases.

Chitungwiza clinics used to treat less than 20 TB cases during 1982/83 but the cases suddenly shot up in the mid-80s despite the efficient follow-up system set up by the Government.

Pneumonia, diarrhoea and measles have also accounted for many deaths, especially child deaths.

AIDS Cases Increasing Among Teenage Girls

94WE0048A Harare THE HERALD in English 27 Aug 93 p 1

[Text] A total of 509 reported AIDS cases have been recorded among girls aged between 15 and 19 years, a figure that is worrying health officials and parents and jeopardising efforts to curb the spread of the deadly disease.

With a cumulative total of 23,538 AIDS cases in the country as of June, the National AIDS Co-ordinating Programme says the number of reported cases was worrying and that something had to be done quickly before the problem got out of hand.

In an interview yesterday at the Harare Agricultural Show, the information, education and communication officer for sexually transmitted diseases, HIV/AIDS in the NACP, Ms Zororai Gumble, said: "We have a problem and we have to address it." The NACP is a department in the Ministry of Health and Child Welfare.

It is exhibiting at the show in collaboration with several non-governmenta organisations, the private sector, the uniformed forces and other Government departments.

"We have increasing figures for girls between 15 and 19. There is need for concern and we should ask ourselves why our children at that age are more sexually active than the boys."

Part of the problem lay with sugar daddies who were increasingly dating young girls, some of whom had the HIV virus. The other reason, according to Ms Gumble, was purely economic.

"Morte and more young girls are getting enticed by older people to engage in sexual activities. The older people are coming down to the girls because they believe they are AIDS free and in all this they leave them (girls) with the AIDS."

AIDS cases for men pick up from 20 years. Judging by the figures, boys get involved in sex later than girls.

Urbanisation had also played its part in the spread of the disease. According to statistics at the show, for the second quarter of this year. Harare had 555 new cases of AIDS, Bulawayo 270, Masvingo 239, Manicaland 237 and Midlands 235. The figures for Harare include Chitungwiza.

"We are therefore appealing to the youths to be careful. They must know that they are our hope for an AIDS-free generation of tomorrow. We are hoping that an AIDS-free girl marries an AIDS-free boy in the years to come," said Ms Gumble.

On the NACP's efforts to look after those already infected, Ms Gumble said AIDS was no longer a problem for the ministry alone. "We are calling for a multi-sectoral approach to solve it and look after those infected. We are saying the problem is much bigger now and the ministry no longer has enough resources to solve it on its own."

For this reason, hospitals and clinics were discharging people with AIDS so that their families could look after them as being advocated for by the National AIDS Control Programme.

"People should not be surprised that those dying with AIDS are being discharged instead of being kept in hospitals. There is need for community care because the problem has gone bigger and beyond the ministry's financial capabilities."

She said in 1991, the ministry's theme was "Sharing the Challenge." This was because people had accepted the fact that the problem had grown big. In 1992 the theme was "Community Commitment" where they were mobilising people to get committed to the cause. This year the theme is "Time to Act" because people had to take measures to prevent and control transmission of the virus.

Matabeleland Has 95,000 HIV Cases

94WE0048B Harare THE HERALD in English 7 Sep 93 p 5

[Text] Bulawayo—About 800,000 people in the country, 95,000 whom are in Matabeleland, are infected with HIV virus which causes AIDS, says the Matabeleland provincial medical director, Dr Jan van der Have.

"What is alarming is that the majority of these people have not yet developed any problems related to the virus and they can continue spreading it to other people," Dr Jan van der Have told 33 pastors and other preachers drawn from various denominations in Matabeleland who are attending a week-long workshop on AIDS.

Matabeleland North had 50,000 infected people and Matabeleland South had 45,000 carriers of the deadly disease.

The spread of the disease which is believed to have affected 8 percent of the country's 10 million people, Dr van der Have said, had been complicated by the disease's long incubation period.

A large number of infected people under the age of two years were usually infected at birth and their condition deteriorated faster than in older people.

In women, the disease was prevalent in the 15 to 40 years age group while the large number of infected men were found in the 20 to 50 age group, a difference which Dr Jan van der Have attributed to the fact that women tended to be sexually active earlier in life than men.

Matabeleland North had 20 cases of AIDS in 1988 but the figure had shot up to 935 in 1992 adding that half of the people suffering from tuberculosis were also infected.

AIDS Prevention Urgent In China

93WE0329C Beijing ZHONGGUO DIANZI BAO [CHINA ELECTRONICS NEWS] in Chinese 28 Feb 93 p 1

[Article by Zeng Liming [2582 0448 2494]: "AIDS Hits the Chinese Mainland"]

[Excerpts] [passage omitted]

In October 1987, the Ministry of Public Health established the National AIDS Prevention Group, which immediately organized the undertaking of national AIDS monitoring. Medical circles issued an urgent call to all circles in society to adopt effective measures to keep AIDS, the peril of the century, outside of China's gates. Nevertheless, this magnificent hope of the doctors could not be achieved, and AIDS has been like a spectre floating in the air over the mainland that eventually fell onto the pure soil of the mother earth of China and propagated and spread. The incidences of AIDS reported by the Ministry of Public Health have increased each year since 1987:

In 1988, a total of 32 people infected with the AIDS virus were detected on the mainland (26 of whom were foreigners, four of whom were hemophiliacs infected by the injection of imported blood products, one was a person who returned to China from abroad, and one was a person from the Beijing region with a sexually-transmitted disease).

In 1989, the total number of people reported to be infected with AIDS rose to 146 cases.

In 1990, 446 infected persons were discovered, 398 of whom were mainland residents.

In 1991, a total of 212 new persons infected with AIDS were observed in China (including three patients).

In 1992, China reported an increase of 261 cases of persons infected with AIDS, bringing the total number of reported infected people to 969 (including 12 AIDS patients, nine of whom had already died). The regions with infected persons had expanded from Yunnan, Guangxi, Fujian, Beijing, and Shanghai to 15 provinces, municipalities, and autonomous regions including Shaanxi, Hunan, Zhejiang, Liaoning, Sichuan, and others.

Officials in China's Ministry of Public Health have acknowledged publicly that AIDS has now arrived on the Chinese mainland. According to information provided by Department of Health and Epidemic Prevention director Dai Zhicheng [2071 1807 3397], who is responsible for AIDS prevention organization work, since the first person infected was discovered in 1988, the number of persons infected with AIDS on the mainland has grown rapidly and they have changed from mainly being cases of the initial incoming cases to mainly being cases of residents within China being infected. Those infected in China are mainly drug users, people with veneral diseases, female prostitutes, homosexuals, personnel who have gone abroad to visit relatives or provide labor services, the spouses of persons infected with the AIDS virus, and hemophiliacs. From the perspective of transmission routes, we have discovered people infected through sexual channels and transmission through blood channels. While no cases of mother-to-infant transmission routes have been discovered, the latent danger exists, the situation is serious, and there is no room for optimism.

The actual situations encountered clinically in mainland hospitals conform to the analysis of director Dai. Three of the six cases of AIDS discovered in the Beijing region in 1990 and 1991 were personnel who worked in the embassies of foreign countries in China, two were employees who had returned from working abroad, and one was a worker who engaged in homosexual behavior with a foreigner. Five of the six cases have already died and one is now a patient. Among the 969 cases of infection detected on the mainland, Yunnan Province accounts for about four-fifths, most of whom were infected from sharing syringes to inject drugs. [passage omitted]

World Health Organization Western Pacific AIDS Project official George (Peterson) [phonetic] feels that AIDS in China is still in the initial stages and has a low incidence rate. There are favorable conditions in temporal terms to focus on early prevention. The earlier that the rapid spread of AIDS is prevented, the better the results. Moreover, China can borrow upon the successful experiences and lessons of failure in world AIDS prevention, so we are very fortunate. China cannot sit back and relax, however. We also have several dangerous factors. One is our large population. Larger numbers of our population have been moving around since reform and opening up and the potential threat from a spread of AIDS cannot be ignored. Second, there are large numbers of young people in China in absolute terms, and unhealthy behavior often occurs in this group. This also breeds the risk of the spread of AIDS.

Expert Mrs. Tian Dai'an [3944 7818 1344] from the United States is afraid that if she is involved in a traffic accident in China one day, she would have no way of telling if the syringes and the blood they transmit in the hospital where she would be taken would be clean or not and fears she could could become infected with the AIDS virus in China.

II. What Are the Urgent Tasks At Present?

Experts in China feel that stronger monitoring is one of the most urgent tasks at the present time. To prevent the spread of AIDS, the Chinese Government has included AIDS among the infectious diseases for the state's focused monitoring and prevention, established the State AIDS Prevention and Control Experts Committee, promulgated the "Certain Measures for AIDS Monitoring and Management", worked jointly with the World Health Organization's global prevention program

departments to formulate a 3-year medium-term program for AIDS prevention and control in China, and received $1 million in various types of related technical grants and capital.

The overall monitoring tactics formulated by the experts are:

Include 12 categories of people as the high-risk group for AIDS monitoring: people with veneral diseases; unregistered prostitutes; drug users (especially those who inject drugs intravenously); homosexuals; persons who use imported plasma products; seamen, workers, and other personnel stationed for long periods in foreign countries who have returned to China; personnel who work in hotels for foreign guests and tour guides for international travel agencies; residents of frontier and border regions and townships of overseas Chinese; persons having close contact with AIDS patients or those infected with the AIDS virus; medical personnel and laboratory work personnel involved with AIDS outpatient services; students who have returned to China from studying abroad and foreigners stationed in China for long periods; and blood, tissue, and organ donors. We should also adopt two arrangements for monitoring: active and voluntary confidentiality. Based on China's "Infectious Disease Prevention Law" and "Certain Stipulations Regarding AIDS Monitoring and Management", public health and epidemic prevention departments and medical health care organizations in all areas have the duty and responsibility of discovering AIDS patients or infected persons and immediately reporting them to their local public health administration authorities for collection by the Chinese Academy of Preventive Medicine Sciences' AIDS Monitoring Center.

The AIDS cases reporting standards proposed by China's Ministry of Public Health are: 1) Persons testing positive for AIDS virus antibodies; 2) Persons testing positive for antibodies who also exhibit symptoms including high fevers, weight loss, diarrhea, pneumocystis pneumonia, Kaposi's sarcoma, mycotic infection, T4/T8 lymphocytes, full-body lymph node swelling, signs of sexual diseases that affect the central nervous system, loss of discrimination capabilities, obstruction of motor nerve functions, and so on, as well as those who fit the diagnostic standards of the World Health Organization and United States's Centers for Disease Control.

From 1985 until now, an AIDS monitoring network in all areas of mainland China has conducted serological monitoring based on the principles outlined above for more than 500,000 persons. It was eventually determined that there were just about 1,000 persons infected with AIDS. Still, Department of Health and Epidemic Prevention director Dai Zhicheng is not optimistic regarding this result. He said that we are not entirely clear at present about the baseline figures for the spread of AIDS. In Yunnan Province, for example, funding, personnel, and other limitations have prevented us from conducting surveys and investigations over broad areas and we have only investigated several 100,000 people in high-risk groups in recent years. There is a huge discrepancy between this figure and our actual requirements, so there is an extremely great possibility that there are people with the virus who "slipped through the net".

III. Strictly Investigate AIDS Sources

Along with monitoring, mainland China has also strengthened controls over entry from foreign countries. Former Chinese Academy of Preventive Medicine Sciences director professor Chen Chunming [7115 2504 2494] has suggested that nearby countries where AIDS has spread reinforce safeguards and health education be implemented for personnel who have gone abroad to provide labor services in countries with a high prevalence. To prevent the increased transmission of AIDS from people going to foreign countries, China issued a stipulation in December 1986 that persons from foreign countries who had AIDS or other infectious diseases would not be permitted to enter China. It also prohibited the carrying in from foreign countries of human blood, blood products, transmittable bacteria and viruses, and so on.

In 1989, the Ministry of Public Health, Ministry of Public Security, and General Administration of Customs jointly issued the "Notice Concerning the Submission of Health Certificates By Chinese Citizens Going to Foreign Countries". It stipulated that Chinese citizens who resided in foreign countries for more than 3 months and are returning to China and overseas Chinese and compatriots from Hong Kong, Macao, and Taiwan who have received approval to return to mainland China to live or work must provide health certificates issued by public health quarantine organizations or public hospitals from their local regions when they cross the border into China. In 1989, 12 of the 15 cases of infection with AIDS discovered in the Beijing region were found by the Beijing Territorial Public Health Quarantine Organization.

The "Certain Stipulations Regarding AIDS Monitoring and Management" promulgated and implemented on 14 January 1988 also clearly pointed out that the Ministry of Public Health will determine which units will preserve and utilize the AIDS virus and that no unit or individual can be involved in the exchange, transmission, or utilization of their own accord. Blood and blood products must undergo examination for antibodies to the AIDS virus to prevent AIDS-infected people from donating tissue, organs, blood, and plasma. While performing their duties, when work personnel in civilian administration, public security, and legal administrative departments discover people who could transmit AIDS, they must send them immediately to public health departments for examination. After medical, public health, and health care organizations discover people with AIDS, they should immediately adopt isolation measures and send them to the specified medical units for treatment. If they discover persons infected with AIDS or those in close contact with them, the relevant departments shall

hold them for examination, restrict their range of activities, conduct medical observations, make scheduled or unscheduled visits, or other measures.

The experts have proposed that the government carry out effective attacks on drug use, prostitution, and other forms of illegal behavior to prevent transmission via these routes, strengthen disinfection of medical instruments, reinforce blood monitoring of blood providers, eliminate infection by medical sources, pay close attention to the indications of mother-to-infant transmission, extend the use of single-use syringes....

IV. Don't Allow Ourselves to Become Infected With AIDS

Over the past several years, introducing knowledge about AIDS has become commonplace in newspapers and periodicals, radio, television, and other transmission media in mainland China and there are almost 100 monographs and scientific popularization reading materials and handbooks related to AIDS that have been published. The AIDS knowledge exhibitions held in Beijing, Shanghai, Tianjin, Guangzhou, and other large and medium-sized cities have attracted audiences in excess of 10 million people. World AIDS Day on 1 December each year is also a high tide of concentrated propaganda.

Still, the results of the propaganda are certainly not that satisfying. An understanding of AIDS among people with rather high educational levels is still very inadequate. At the end of 1989, the results of a survey conducted by the China AIDS Monitoring Center of knowledge about AIDS among 224 college students and educational personnel in five institutions of higher education in Beijing Municipality showed that 10 percent of them did not feel or did not know that AIDS could be transmitted by blood, and many people that it could be transmitted by sharing needles. Four percent did not know that AIDS could be transmitted to infants during pregnancy. As a result, questions like this have been asked at all large hospitals in Beijing: "Can mosquitoes transmit AIDS? Can AIDS be transmitted by shaking hands and touching? Can AIDS be transmitted in the air?"

If urban educated people are this way, it is easy to imagine people with poorer educational levels in rural areas. In March 1990, the China AIDS Monitoring Center and the Yunnan Provincial Public Health and Epidemic Prevention Station conducted an eight-item survey of knowledge about AIDS among 225 drug users in a certain township in Ruili county. The results showed that the total proportion who did not understand knowledge about AIDS was about 80 percent and that only 76 of them had heard of the word "AIDS" prior to the survey. After gaining the related knowledge about AIDS, there was an obvious change in their attitudes. There were 156 people who indicated they had decided to stop using drugs and 152 people were willing to undergo an AIDS serology examination.

The relevant experts have analyzed the favorable and unfavorable factors for preventing and controlling AIDS on the Chinese mainland. The favorable factors include: a relatively high degree of conformity in Chinese society and a top-to-bottom linkage of propaganda and education systems and social work organizations, which helps in general mobilization; AIDS transmission is still in the initial stages, so immediate adoption of prevention and control measures can produce easy results; a relatively good marital and family tradition and sexual ethics foundation, which help restrain people's straying behavior. Because we have nearly 20 years of birth control measures and the use of safe condoms can play a role in prevention, and because cities have a relatively complete medical and health care system and employee free medical care system, these also help in investigating and diagnosing diseases and in tracking and control.

However, there are also unfavorable factors that cannot be ignored: China has a large population and if AIDS were to spread the numbers would be frightening. Moreover, our expenditures on prevention and control and on research cannot be compared to the developed nations of the West. China's present medical system does not have the capability of taking on a large number of quarantine tasks. There is a large proportion of illiterates among the Chinese population and we have many nationalities who speak different languages, which are substantial impediments to undertaking education and propaganda. Moreover, there are concepts such as sexual mystery, sexual taboos, sexual inhibition, and so on that to a certain extent impede the popularization of knowledge about sex and about AIDS. Furthermore, our theoretical workers, practical educators, and trained medical and health care personnel are far from capable of keeping up with the real need to prevent and control sexual diseases and AIDS.

V. The Relevant Experts Hurry To Propose Prevention Programs

1. Make full use of mass media and social organization networks, carry out large-scale AIDS prevention and control propaganda and education among all the people.

2. Train a group of social workers and advisors, use the Marriage and Family Law and consulting and assistance in the area of ethics, consolidate the family structure of one husband and one wife, reinforce marital ethics, and reduce premarital and extramarital sexual behavior.

3. Establish sex education classes in at the junior middle school level and up, strengthen the content on sexual hygiene, knowledge of sexual diseases, and so on, and conduct adult supplementary sex education classes.

4. Integrate with family planning, extend the use of condoms, popularize knowledge on preventing sexual diseases and AIDS, reinforce physical examinations of newly-married couples and pregnant women, immediately discover persons infected with sexual diseases and AIDS, prevent transmission from mothers to infants.

5. Do survey research on the problem of prostitution in coastal open cities and other large cities, formulate laws and regulations appropriate for different regions, implement strict management of special service industries and public places of entertainment, closely monitor and control the occurrence and transmission of sexual diseases and AIDS.

6. Conduct scientific surveys and analysis of groups of intravenous drug users, adopt effective disease prevention measures, and assign specialized personnel to monitor their implementation.

Moreover, the general understanding reached by experts in medicine, sociology, and epidemic prevention is that the most effective way at present to prevent viral transmission and avoid social panics is propaganda and education. The China Health Education Institute established the "AIDS Assistance Hotline" telephone in Beijing on 7 April 1993.

During the first 100 days that the "Assistance Hotline" was in operation, it received telephone calls for assistance from a total of 437 people. They included workers, employees, cadres, special or technical secondary school students, college students, labor service personnel and students who studied in foreign countries who have returned to China from abroad, people who have gone to foreign countries to lecture, people in literary and artistic circles, scientific research personnel, and others. They included 38 people who admitted they were homosexual or bisexual. Homosexuals are the world's foremost high-risk group for AIDS infection. When summarizing 100 days of consulting experience, Wan Yanhai [8001 1693 3189] of the China Health Education Institute, which supports this hotline, said that more arrangements must be employed to assist special groups, help them establish their personal dignity, and help them come to a new perspective on themselves. Allow them and at the same time allow even more people to understand that the most effective way to to protect themselves is to reduce commercial sexual behavior and reduce casual sexual behavior and sexual partners.

VI. Initial Results of Prevention Are Being Seen

While social scientists are formulating countermeasures, mainland medical experts are dealing with this "super disease" in conducting accomplished exploratory research on viral pathology and clinical treatment.

In 1987, professor Zeng Yi [2582 3015], deputy director of the Chinese Academy of Preventive Medicine Sciences organized research personnel for the first successful separation of an AIDS virus from the body of a foreigner infected with AIDS and used it as an antigen to undertake AIDS etiology and molecular biophysics research. By the end of 1991, they had developed immunofluorescent, protein marking, immunoenzyme, and other series of diagnostic reagents. Among them, the immunoenzyme reagent was the first internationally.

In a situation of an absence of effective treatment drugs, Beijing Xiehe Medical University and physicist Zhou Lin [0719 2651] studying in the United States have made preliminary advances in using research on "biophysical frequency spectrum" technology to treat AIDS. Research on using Chinese medicines to treat AIDS undertaken by the China Academy of Chinese Medicine and State Chinese Medicine Administration has apparently brought the light of life to people with AIDS. Leading the use of Chinese medicine in clinical trials to treat AIDS is Professor Chen Keyi [7115 0668 5065] of the China Chinese Medicine Research Xiyuan Hospital. He is employing the theory of differentiating symptoms and signs of acute febril diseases caused by virulent heat pathogens and selecting methods like clearing away heat and removing toxic material from the body, removing heat from the blood and eliminating dampness from the body, strengthening the kidney and invigorating the spleen, nourishing the heart and strengthening the body, and so on in carrying out three-stage treatment of a person from the United States who has AIDS, and has alleviated the patient's symptoms.

The China-Tanzania Trial AIDS Treatment Cooperation Group is using Chinese medicine for clinical treatment of AIDS and has made progress. The Cooperation Group, organized jointly by the Ministries of Public of Health in China and Tanzania, began conducting trial treatments of 158 patients in (Lieda) City, Tanzania in 1987 and after 3 to 15 months of treatment there were significant results in three cases, some results in 36 cases, and partial results in 24 cases, for a total effectiveness rate of 39.89 percent. The Ministries of Health in China and Tanzania are satisfied with their cooperative trial treatment work and have signed a new cooperation agreement.

Professor Wu Baiping [0702 0130 1627], a Chinese specialist in the Chinese Trial Aids Treatment Cooperation Group in Tanzania and a member of the China AIDS Experts Commission, has a sober view regarding this achievement. He said that the role played by Chinese medicine in the link of delaying death from AIDS is far from adequate and that, like the use of minor Decoction of Bupleurum, Ginseng Decoction, and licorice root essence in trial treatment of AIDS in Japan, he can only state that good signs have appeared in using Chinese medicine to treat AIDS. There is still a considerable distance from successfully and completely conquering AIDS in each case and joint efforts by medical circles around the globe are still necessary.

Nation's First AIDS Hospital To Be Built in Yunnan

HK0710144993 Hong Kong MING PAO in Chinese 23 Sep 93 p 14

[Report by staff reporter Chen Wei-chiang [7115 0251 1730]: "China's First AIDS Hospital To Be Built in Ruili City of Yunnan Province at End of This Year"]

[Text] China's first AIDS hospital will have been built in Ruili City of Yunnan Province by the end of this year. The hospital will provide a total of 50 beds. However, Zhao Shangde, member of China AIDS Experts Commission, worried that lack of medical personnel will undercut the hospital's normal operation.

When interviewed by reporters, Zhao Shangde said that as mainland medical personnel are generally afraid of AIDS, the hospital will probably find it difficult to find sufficient medical personnel at the outset. Zhao noted that the hospital will probably find it less difficult to find doctors; however, the majority of the mainland nurses are thought to be afraid or unwilling to have any contact with AIDS patients.

Zhao Shangde added that the Chinese Government has decided to build the AIDS hospital in Ruili City of Yunnan Province because Yunnan has had the largest number of people infected with the AIDS virus in the whole country. The number of HIV carriers in Yunnan accounts for 75 percent of China's total, while Ruili City has had the largest number of HIV carriers in Yunnan Province.

Zhao Shangde pointed out that by June of this year, China had discovered a total of 1,106 HIV carriers, 850 of whom had been found in Yunnan Province. Ruili City alone discovered a total of 425 HIV carriers. So far, Yunnan has had four AIDS sufferers, three of whom have already died.

Zhao Shangde explained: Since it borders on Burma, Thailand, and Laos, which are known as "Golden Triangle," Yunnan Province has been suffering from a very serious drug problem. The majority of the HIV carriers, 80 percent of whom are peasants, have become infected with HIV by sharing syringes. Some HIV carriers are women who had been lured by drug syndicates into prostitution in Thailand.

Zhao Shangde said that in the face of this serious problem, Yunnan Province has set up a transdepartmental working group composed of a vice governor, the provincial public security department director, and a representative from the provincial public health department. The working group will discuss and map out measures of resolving the AIDS problem. In order to combat narcotics, apart from conducting education and propaganda to urge people not to take drugs, as well as launching large-scale antinarcotics mopping-up operations in the border areas, the Yunnan Provincial Government has also set up some drug addict rehabilitation centers in which drug addicts can find ways to quit drugs.

In order to check the spread of AIDS, apart from carrying out propaganda and education among the masses, the Yunnan Provincial Government has also started conducting research work with a view to verifying symptoms of AIDS, the period between HIV-related infection and sickness, and reaction of AIDS patients to medicines. Zhao Shangde stated: Although the majority of HIV carriers in China have become infected with HIV by sharing syringes, the number of HIV carriers who have become infected with HIV through human contact is on the steady increase. This group of people is becoming the principal source of AIDS in China.

JAPAN

Cultural Taboos Seen Contributing to AIDS Spread in Japan

93WE0601A Copenhagen BERLINGSKE TIDENDE in Danish 17 Sep 93 p 12

[Article by Inge Kjar Sorensen: "AIDS Is an Embarrassing Disease for the Japanese"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] The disease AIDS is a source of shame and something that is distasteful to speak of. The possibility of an explosion in the number of HIV-infected people is forcing the Japanese to face the taboos.

Tokyo. Death, disease, and sex. In this order these are the biggest, the most complex and repressed taboos in Japan. With an impending exponential increase in the number of HIV-infected people Japan is now facing an unprecedented cultural challenge.

It is the AIDS epidemic's characteristic trait as a disease that is closely tied to society's social structure that makes it such a devil of a trial for the Japanese society. Any deviation from society's norm will be cured here with equal parts of silence and exclusion. Since the beginning of the AIDS epidemic it seems like this tactic no longer works. Even though one tries.

"Laugh With AIDS" is the title of a brochure from the Japanese AIDS Prevention Foundation, whose job it has been since 1987 to coordinate an information campaign [against the disease]. The brochure which, among other things, advised the Japanese not to travel to Germany because the country has been "infested with homosexuals since olden days" was withdrawn after protests from some of the few activist homosexuals in Japan.

Efforts at dismissing AIDS as a "foreign" disease is—still—typical of the way in which the Japanese deal with the disease. It is also typical to try to avoid calling in those persons who are personally affected by AIDS when doing preventative work. For as long as possible Japan has been trying to handle the disease as a clinical problem rather than as a social or a human problem. That is why the board of directors of the AIDS Prevention Foundation, which is advising the government on the epidemic, only consists of officials from the Ministry of Health, physicians, parliamentary representatives, and representatives from the medical industry. Older men all of them. A hemophiliac, a gay, or an HIV-positive woman prostitute from Southeast Asia is unthinkable in an informational context. They appear only as anonymous numbers in the statistics.

Increase

A dramatic increase in the number of HIV-positive that officially has made the epidemic become the number-one health priority is forcing the Japanese to confront their taboos.

The number of recently discovered cases of HIV-positive and AIDS-infected patients increased from 1990 to 1991 by 145 percent and from 1991 to 1992 by 107 percent. Approximately 3,300 people in Japan today are either HIV-positive or have developed AIDS. It has been estimated that the real number is probably 10 times that.

The Ministry of Health talks about an "imminent exponential increase in the number of HIV-positive patients."

Hemophilia Scandal

According to the Ministry of Health, the largest group of infected persons is a group of more than 2,000 hemophiliacs who have become victims of a scandal that people are still attempting to hush up.

Even after the danger of transmission through untreated blood products became known in 1982, the Japanese Government continued for almost two and one- half years to permit the sale of these products in Japan. In cases now before the courts the government explains that the decision was made because one feared side effects from the new, heat-treated products. About 40 percent of Japan's hemophiliacs are HIV-positive or dead [as published]

The hemophiliacs are also fighting against an epidemic filled with taboos. Many have gone to court anonymously through a lawyer because of fear of discrimination. This fear, however, also prevents many from even contacting a lawyer.

The Japanese, who love high-profile conferences, will next year host the international AIDS conference, which normally would be the meeting place for thousands of experts from among health authorities, gays, drug addicts, and prostitutes for a nonprejudicial discussion on death, disease, and sex. That will provide some very emotional days for the Japanese.

THAILAND

Statistics on AIDS Causes; 2,533 Full-Blown AIDS Cases

93WE0602C Bangkok DAO SIAM in Thai 27 Aug 93 p 16

[Excerpt] [passage omitted] The Epidemiology Division, Office of the Under Secretary of Health, issued a report on the AIDS situation during the period September 1984-July 1993. It stated that reports on people with AIDS in various provinces showed that another 240 men contracted the disease in July, for a total of 2,219 men with the AIDS virus, and that another 33 women contracted the disease, for a total of 314 women, making a grand total of 2,533 people with full-blown cases of AIDS. Of these, 1,542 are still alive, and 991 have died. Of those with AIDS, 76.4 percent contracted the disease from sexual relations, 9 percent contracted the virus

from taking drugs intravenously, and 8.8 percent are infants who contracted the virus from their mothers.

There are 2,490 people with AIDS-related symptoms. Of these, 2,128 are still alive, and 362 have died. Most of those with AIDS-related symptoms, 77.6 percent, contracted the virus from having sexual relations; 13.7 percent contracted the virus from taking drugs intravenously. Most of those with full-blown cases of AIDS and AIDS-related symptoms are between the ages of 20 and 29. There are six times as many men with AIDS as there are women. Laborers are the largest occupational group with AIDS. This is followed by farmers, occupation unknown, children below school age, and government officials. However, the largest number of people with full-blown cases of AIDS and AIDS-related symptoms are found in Chiang Rai Province followed by Chiang Mai Province and Bangkok in that order.

AIDS Burden on Hospitals Foreseen

93WE0602B Bangkok DAO SIAM in Thai 27 Aug 93 pp 9, 14

[Excerpt] [passage omitted] Dr. Withun Saengsingkaeo, the director-general of the Department of Medicine, chaired a seminar for administrators and medical personnel from hospitals subordinate to the Department of Medicine who are involved in providing treatment to AIDS patients. This seminar, which got underway yesterday in Rayong, was attended by 150 doctors from various branches, dental surgeons, nurses, medical scientists, psychologists, and social welfare workers. They met to discuss ways to prepare for the ever-increasing number of AIDS patients.

Dr. Withun said that AIDS is a serious communicable disease that is spreading very rapidly. As of 31 July 1993, a total of 5,023 cases of AIDS had been reported to the Ministry of Public Health. Of these, 2,533 have full-blown cases of AIDS, and 2,490 have AIDS-related symptoms. Based on epidemiology studies, it is thought that there are now approximately 400,000 people in Thailand with the AIDS virus.

Dr. Withun said that even though the hospitals are now treating only a few people for AIDS, it is thought that within the next 1-2 years, there will be approximately 20,000 people with full-blown cases of AIDS who will need medical treatment. And there will be another 70,000 people with the AIDS virus who will be approaching the full-blown stage who will need medical treatment. That makes a total of 90,000 people. [passage omitted]

VIETNAM

Nine HIV-Related Deaths Reported in Khanh Hoa Province

BK1310141793 Hanoi VNA in English 1414 GMT 13 Oct 93

[Text] Hanoi VNA October 13—Nine HIV carriers have died clinically in the southern coastal province of Khanh Hoa.

So far this year, the local medical service has conducted 2,195 blood tests, of which 119 cases were proved HIV positive. At present, Khanh Hoa has more than 1,000 drug addicts and hundreds of prostitutes, the high-risk groups of AIDS infection.

Khanh Hoa has spent 1.2 billion Vietnamese dong from the province budget on anti-AIDS activities. It has built several centres for drug addicts and HIV affected people and broadened education on AIDS for medical workers and people.

AIDS Carrier Sells Blood to General Public Hospital

BK2110090593 Hanoi Voice of Vietnam Network in Vietnamese 1100 GMT 20 Oct 93

[Excerpts] According to reports by the AIDS Prevention Committee and the public security force of Binh Dinh Province, among four people discovered with the HIV infection on 4 September in Binh Dinh was a man named Nguyen Van Tam who died recently. [passage omitted]

While examining his personal papers, the responsible authorities discovered many papers proving that Tam sold his blood three times. His last blood sale was on 30 August, 5 days before a blood test confirmed that he was HIV positive. His blood belongs to Group O and the Binh Dinh General Hospital used his blood for transfusions to some of its patents. [passage omitted]

CROATIA

AIDS Reaches 'Disconcerting Proportions'

LD1510114093 Belgrade TANJUG Domestic Service in Serbo-Croatian 0928 GMT 15 Oct 93

[Text] Belgrade, 15 Oct (TANJUG)—AIDS is spreading in Croatian towns, especially in the areas where Bosnian refugees are accommodated, well informed sources in Split announced today.

So far 89 cases have been registered and 36 have died. The same sources claim that there are tens of thousands of infected people.

It is claimed that citizens of Split and Zagreb are at the highest risk because many girls and women, as well as men, are forced to work as prostitutes—especially refugees, who number 43,320 in the Split area.

Furthermore, there are the most drug addicts in these two cities—2,554 registered in Split and 1,170 in Zagreb—but their exact number is estimated to be 10 times higher, the same sources announced, citing official police reports.

Croatian media claims that AIDS is transmitted by UNPROFOR [UN Protection Force] members—whose largest bases in Croatia are in Split and Zagreb—because they have not been tested, although assurances have been given that they have been. Four UNPROFOR members died of AIDS in the past 9 months.

The "AIDS prevention program," which the Croatian Government has announced, confirms that the spreading of the deadly disease has acquired disconcerting proportions in Croatia.

UNPROFOR Said Not Enforcing AIDS Testing

AU0609145193 Split SLOBODNA DALMACIJA in Serbo-Croatian 21 Aug 93 p 8

[Article by Marko Markovic: "AIDS Is Concealed under the Blue Helmets!"]

[Text] Four members of the UNPROFOR in Croatia, two Kenyans, one Nigerian and one Argentinian, have died of AIDS; two of them in ward 6 of the Dr. Fran Mihaljevic Clinical Hospital for Infectious Diseases in Zagreb, and two of them after being flown back to their homelands.

"This is not the final figure," remarked Krsto Babic, head doctor, "since the information that we have relates only to cases we have treated here. The American MASH hospital located at the Zagreb airport will have the precise data. The fact that four UNPROFOR members were returned [as published] because they came down with AIDS should, however, not be a reason for panic, but an additional reason to warn everyone that they should not come into contact with strangers."

The discovery of AIDS among the UNPROFOR members will probably further discredit the Security Council, the high UN officials who decide from which countries to select the units that will become blue helmets, raising the issue of why all the UNPROFOR members are not tested for the AIDS virus. This may be the very reason why it is difficult to obtain valid information from the UNPROFOR representatives in Croatia.

One would assume that each country selects the soldiers who are to serve under the UN flag, that they are the elite troops of each army. It is thus surprising to find out that they accepted soldiers in whom the disease had reached its highest stage, and they died in Zagreb after only a few months.

Skipped the Tests

UNPROFOR members in Croatia include soldiers from 14 countries. Those from European countries and Canada had blood tests done, and when the diseasers symptoms were discovered, they did not put on the uniform. However, it was precisely the countries in which AIDS has assumed the scope of an epidemic that tests were not done, and Croatia was powerless in that respect. Dr. Juraj Njavro, Croatian minister of health, said that the UNPROFOR had been asked to test all their soldiers for HIV, the AIDS agent, especially soldiers from the high-risk countries, from the beginning of the UNPROFOR mandate in Croatia. However, not only have they not all been tested, the UNPROFOR did not even send a reply to this request. No one from the UNPROFOR medical corps has visited the Croatian Ministry of Health in the past 2 years, and we have not been given any reports on the epidemiological situation among the UNPROFOR personnel or among the population on the occupied territory.

The AIDS-diseased Argentinian soldier died in a hospital in Zagreb. The same happened with one of the Kenyans, while the other one was flown back home to die in his homeland, as was a soldier from the Nigerian battalion. These three countries were noted by the World Health Organization as high-risk countries. Over 32,000 AIDS infected have been registered in Nigeria alone; 2,612 in Argentina and 802 in Nigeria [as published].

As is known, the HIV incubation period can last up to 10 years, but the virus develops faster if the carrier does hard physical work, so the incubation period in soldiers is shorter, the disease progresses faster and the way to death is shorter.

Dr. Ivan Beus, manager of the hospital for infectious diseases, pointed out that after the discovery of these cases there should be no panic, but agrees with Dr. Babic, saying that the media prevention campaign did not take place this year. Nevertheless, three months ago 300,000 copies of a brochure containing basic AIDS information was published, and lectures were organized in high schools to introduce the students to this dangerous disease.

Three of the diseased UNPROFOR members were accepted at the Zagreb clinic diagnosed with AIDS. They came to our hospital from the American MASH, and the tests at the Dr. Fran Mihaljevic Clinic confirmed the established diagnose. However, as Dr. Babic said, one UNPROFOR member had been referred for treatment with a different diagnosis, but our doctors immediately recognized it as AIDS.

What happens then? The hospital takes him in for treatment, and refers the expenses to the UNPROFOR, that is, the United Nations. "Considering that the United Nations often has financial problems," said Dr. Babic, "and these treatments are very expensive, it would be much better to act preventively; test all the soldiers and thus prevent the disease from spreading. All those infected came to us from the American hospital, and these cases are the only ones we know about, but it is assumed that this may not be the final figure."

Since those infected are with the UNPROFOR, they should care for them, and as this treatment is expensive, they try to send them back to their home countries as soon as possible. In the mentioned cases special treatment was required, as the matter concerned terminally ill people, or almost dead.

The key issue is what consequences this could have for Croatia, that is for the people who were in contact with the AIDS-infected. All the doctors from the Clinical Hospital for Infectious Diseases in Zagreb, Dr. Babic, Dr. Beus, and Dr. Maretic, say that there is no reason for panic or media speculations. They attach more importance to the tourists who come to Croatia and the insufficiently preventive AIDS campaign at the beginning of the tourist season.

"The Knin Girls"

The Kenyan battalion is located in the areas of the municipality of Donji Lapac, the Nigerians are in Petrinja and Glina, and the Argentinians have been deployed in Grubisno Polje and Daruvar. Their soldiers have therefore had everyday contacts with the Serbs, but some were also active on the territory liberated from the enemy army. Dr. Babic's comment was: "There have been no known cases of any of the AIDS-infected having had contacts with someone from Croatia, whereby they could have infected the partner. It should be emphasized that all of them came down with AIDS long ago, which excludes any possibility that they could have acquired the virus in Croatia."

Since we have the information, though unofficial and unconfirmed, that a very promiscuous girl (her full name was also stated), from the free Croatian territory, had had an intensive relationship with one of the infected, it could be concluded that she was also infected. However, Dr. Babic denied this information. We will therefore leave out the name of the town in which it allegedly happened, as well as the name of the country of the diseased soldier. The fact remains, however, that the infected were located in the occupied part of Croatia, among the Serbs, and there is a possibility that the girls there could be infected. It is no secret that the UNPROFOR men have often bought expensive perfumes and other gifts in Zagreb for their "friends" in the "Krajina". Such "friendships" have even been recorded on film at the Gavrilovic hotel in Petrinja. It can now be stated with certainty that one Serb girl has come down with the disease, in the sector in which the Nigerian battalion is stationed.

There is unofficial information that an anonymous "Knin girl" has been registered and is undergoing treatment. The question remains, however, how many potentially infected there could be. It can be assumed that there are more in the occupied areas. It is no secret that the "Knin girls", as the UNPROFOR men call them, went to bed with them even for cheap make-up, and not only for expensive perfume or handsome "tips." A hundred dollars is nothing to the UNPROFOR men, but to the "Knin girls" it is a real fortune. However, it was not only the "Knin girls" who have been exposed to potential infection. With the "blue helmets" arriving in Croatia "massage parlors" and other forms of entertainment, intended primarily for the UNPROFOR men, were springing up in many of our towns. It does not take too much experience to know that the "massage parlors" in most cases provided erotic services, and the frequenters were mostly the UN soldiers.

The Quiet MASH

Among those who were afraid that AIDS would be discovered among the UNPROFOR men were some Zagreb reporters who went to the occupied areas or the demarcation line several times. Having returned from these places, they bragged of "conquests," of taking away the UNPROFOR men's girls, and of contacts with those same promiscuous girls. However, it is quite certain that there have been no "conquests" and therefore no possibility that these Zagreb reporters were infected.

Knowing that four UN soldiers in Croatia have died of AIDS, and assuming that about ten have been registered, it is strange that the physicians from the MASH hospital did not inform the public, that they did not make fact known and thus might have avoided the possibility of the virus spreading further. Since the soldiers from Argentina, Nigeria and Kenya were not tested for AIDS, could it happen again that a soldier applies for treatment, the military physician establishes that he has come down with a lung disease and sends him to a Croatian hospital, where our doctors establish that it is AIDS? This possibility should not be ruled out until the tests are done.

Let us finally remark that Croatia does not belong to the group of high-risk countries. Up through April, 47 diseased were registered, and the cumulative incidence (the number of diseased per 100,000 people) is 0.9. For the sake of comparison, let us mention that in the "FRY" 268 people have been registered, and the cumulative incidence there is 2.3. Of the European countries France

has the highest amount of diseased persons, 22,939 (40.6), and Switzerland has the highest amount diseased in relation to the total population. There are 44 AIDS-diseased persons out of every 100,000.

Government Claims Four UNPROFOR Soldiers Killed by AIDS

AU1310182593 Paris AFP in English 1811 GMT 13 Oct 93

[Text] Zagreb, Oct 13 (AFP)—Four soldiers serving with the United Nations in the former Yugoslavia have died of AIDS this year, the Croatian Government said Wednesday.

The UN Protection Force (UNPROFOR) refused to confirm the figure.

An UNPROFOR spokeswoman here, Shannon Boyd, recently said that a "small number" of the 26,000 soldiers serving in the former Yugoslavia were suffering from the Acquired Immune Deficiency Syndrome (AIDS).

The Croatian government has called for closer cooperation with UNPROFOR to fight AIDS in the country, the HINA news agency reported.

Quoting official figures, HINA said 53 cases of AIDS had been registered in Croatia since 1986. Of these, 36 had died.

CZECH REPUBLIC

Epidemiologist Predicts 'AIDS Boom' Among Drug Addicts

AU0710174593 Prague CESKY DENIK in Czech 5 Oct 93 p 13

[Stepanka Kucerova report: "Number of Cases of AIDS and Venereal Disease Is Growing"]

[Excerpt] The number of HIV infected people is growing in arithmetic progression. This was said by Jaroslav Jedlicka, epidemiologist of the State Health Institute. According to him, so far, the situation is not dramatic, but an AIDS boom is expected among the drug addicts and street prostitutes who do not go for medical checkups. The situation is similar with other venereal diseases.

On 31 August, 158 HIV carriers were registered in the Czech Republic, 39 of them in the AIDS stage. Of the total, 99 are homosexuals and 15 heterosexuals. There are 30 hemophiliacs and post-transfusion patients. To date, 25 people have died of this disease. "Only two of those registered are drug addicts. That proves that our statistics regarding these groups of the population are very imprecise," Jedlicka said, and added that an AIDS boom will soon hit the drug addicts. [passage omitted on other venereal diseases]

Health Institute Announces Increases in AIDS Cases

LD2010084993 Prague CTK in English 1950 GMT 19 Oct 93

[Text] Prague, Oct 19 (CTK)—The number of cases of HIV positive registered by the end of September this year in the Czech Republic reached 163, while 45 people had developed full-blown AIDS, the state health institute announced today.

The figures represent an increase of ten HIV positive cases and seven cases of full-blown AIDS as compared to the end of June.

In the latest quarter AIDS incidence grew at a comparable rate to that in the first half of 1993, and to the rate for the whole of 1992. The new figures thus reveal that AIDS incidence is increasing in geometric progression.

Specialists believe, however, that this figure is just the tip of the iceberg. The true number of HIV positive sufferers is estimated to be more in the region of two to three thousand.

By the end of September, 27 of the reported 45 victims of full-blown AIDS had died.

Sexually promiscuous people are most at risk and worst affected. Of the 163 people with the HIV virus, 16 are heterosexuals. The 30 to 34 age group included the highest number of victims (31), followed by the 20 to 24 age group (29). Seventeen of the carriers are women.

The virus has also been discovered in babies, although no new cases were registered in the last quarter.

The highest HIV incidence is in Prague (105). Central Bohemia and south Moravia have slightly over the 6-9 case average for other regions (with 13 and 11 cases respectively).

Since donated blood began to be tested in 1986, no cases of HIV virus transmission via blood transfusion or the use of blood derivatives has occured.

REGIONAL AFFAIRS

Caribbean Conference on AIDS Management Programs Ends

FL2310172193 Bridgetown CANA in English 1625 GMT 23 Oct 93

[Text] St. George's, Grenada, Oct 23, CANA—A 3-day conference reviewing the management of AIDS (Acquired Immune Deficiency Syndrome) programmes in the Caribbean has ended here with calls for greater participation of nonhealth organisations and AIDS committees in the fight to control the disease.

The participants, drawn from 16 Caribbean countries and other regional and international organisations, urged in a seven-page report, that there be greater involvement of nonhealth bodies in the struggle to contain the disease by the year 2,000. They also called for a strengthening of regional AIDS committees and a closer working relationship between these bodies.

The meeting agreed with chairman of the Caribbean Community (Caricom) task force on AIDS Dr. Mickey Waldron of Barbados, that AIDS programmes make some kind of provision to fight discrimination against those infected with HIV (Human Immunodeficiency Syndrome).

"There is a need for streamlining access to social services for HIV/AIDS persons," the report said, while calling for mechanisms for those persons to have access to drugs through "less expensive means."

Integration of information on AIDS, HIV infection, and Sexually Transmitted Diseases (STD) into each country's health care system in a bid to change behaviour patterns among those at risk, was also recommended. Caribbean governments were urged to show their commitment by being better represented on national committees.

Grenada's health minister and several participants, said there was a need for a greater sharing of information and data on AIDS.

"The issue of AIDS is too important for us in the Caribbean to simply treat it as just another disease or one of the incidentals," Waldron told CANA.

It was also recommended that nongovernmental organisations be used in areas such as counselling and project development. The participants called for better access to social services for people inflicted with AIDS and HIV to receive less expensive drugs. In addition, the utilisation of nontraditional means to provide education on AIDS and STDs was also recommended.

ARGENTINA

Lack of Medication for AIDS Victims Reported

Shortage Sparks Controversy

94WE0001A Buenos Aires CLARIN in Spanish 1 Sep 93 General Information pp 50-51

[Article by correspondent Sibila Camps]

[Text] A late-hour press release from the Health Ministry has sought to quell the wrangling between the minister of health and social action, Alberto Mazza, and the head of the National Retrovirus and AIDS Program, Alfredo Miroli, over the shortage of certain medications for AIDS patients. Above and beyond the controversy between the officials, two experts and a foundation that assists AIDS patients have confirmed the shortage of several very expensive, irreplaceable drugs.

The shortage of certain medications to combat the diseases arising from AIDS has caused a feud between the head of the National Retrovirus and AIDS Program, Alfredo Miroli, and the minister of health and social action, Alberto Mazza. This situation affects some 1,000 patients, most of them residing in the Federal Capital and the provinces of Buenos Aires and Santa Fe.

Officially, Dr. Miroli ascribed the shortage to the money that the ministry has owed for 3 months to the pharmacies that supply these kinds of drugs. Mazza, in contrast, denied that deliveries have been suspended.

According to leaks, the debt stands at $800,000, while other sources indicated that the shortage is due to the cancellation of a competitive bidding. People close to organizations that support AIDS patients noted, however, that the situation probably stems from a rivalry between the minister and the director of the program, which Mazza "inherited" from former Minister Julio Cesar Araoz, with Miroli reportedly having the support of President Carlos Menem.

Denial

In any event, in an attempt to tone down the dispute, late yesterday the ministry's brand new spokesman, Manuel De Salvo, released a communique from Miroli in which he "denies the shortage of AIDS drugs."

The release goes on to say that a list of drugs whose provision Miroli had never placed in doubt continues to be delivered regularly. In contrast, it does not mention the ones that Miroli had said were in short supply, which will get to patients "by way of a new delivery mechanism implemented through the offices of the Social Action area," not the National Retrovirus and AIDS Program.

This "new mechanism," De Salvo reported, will be a subsidy, which had actually been tried and abandoned. Some hours before, Miroli had explained that "the

checks lent themselves to confusion" and as a result had been replaced by direct delivery of the drugs, against receipt, by the ministry.

In any case, several specialists confirmed that there were shortages in the hospitals in which they work. "About 20 days ago we spoke with people from the program, and they told us that they were waiting for the money," said Dr. Pedro Cahn, the chief of infectious diseases at Fernandez Hospital.

Repeated Demands

After Dr. Miroli took over as program director in April 1992, a system was set in motion under which reagents for HIV tests and medications for patients not covered by medical-care benefits were distributed free of charge.

Miroli explained yesterday that because it comes under the minister, the National Retrovirus and AIDS Program does not have its own budget. "We submitted a request to the minister for what is lacking, and depending on funds, the minister makes the purchases," he noted. The eleventh-hour press release asserted that "he has the funds from the Minister Unit."

"Since the ministry stopped paying 3 months ago, the service was cut off," he indicated. "At that point I went through the formalities, and since then we have been putting in requests. Last week I asked that medications be purchased on an emergency basis through a competitive bidding, because the other way was not working."

Minister Mazza, in turn, told CLARIN that "I have received no notification, either official or unofficial, about the lack of drugs. I am going to ask (Miroli) to specify which medications are lacking, if there actually is a shortage."

Very Expensive Drugs

"The ones in shortest supply are the antifungals, the antivirals (not AZT), and the antibacterials, which are used when opportunistic infections appear in patients," said Dr. Maria Elena Estevez, the chief of the Oncological Immunology Division of the National Academy of Medicine and president of the Argentine Association of AIDS Research.

The professionals consulted by CLARIN indicated that the drugs in short supply include Fluconason (an antifungal), Bactrim (to combat pneumonia), Neupogen (which stimulates the production of white blood cells), and several antibiotics.

Dr. Estevez noted that "the patients need them no matter what, because they require a specific treatment with a special medication, and these are very expensive drugs." "Hundreds of patients have had to interrupt their treatment," Miroli said.

When told that the minister had said that he was unaware of this shortage, Estevez declined to comment. "The only thing that I am after is medication for my patients," Miroli remarked, who then threatened to resign. "If I cannot give them these drugs, it makes no sense for me to be here," she explained. "However, I have unquestioning trust in him and I think that this is going to end up with the drugs being purchased."

Greater Media Exposure Needed

94WE0001B Buenos Aires CLARIN in Spanish
1 Sep 93 General Information pp 50-51

[Article by correspondent Sibila Camps]

[Text] It is an irrefutable mathematical rule: as the number of AIDS cases rises (and the increase is geometric year after year), problems grow proportionally, even more so as the health-care system is being overwhelmed by the number of patients and especially as there is no methodical policy for addressing the issue.

One of the first alarms went off in July 1990. Nationwide there were no reagents for screenings (the first ones performed, such as Elisa) to detect the virus.

The authorities at the time (Eduardo Bauza was in charge of the Ministry of Health and Social Action) did not seem too concerned. In November of that year, four months later, the National Reference Center of the Federal Capital had accumulated 800 blood samples that could not be analyzed. The other national centers, in Rosario, Cordoba, and La Plata, were receiving help from the provinces.

The problems returned a short while later, this time not with the reagents but with money from the World Health Organization (WHO) for a prevention campaign. In mid-December 1990 Swiss Dr. Katerina Tomasewski, an attorney for the WHO, told CLARIN that "the government is not conducting AIDS prevention campaigns. There is no information to be seen in newspapers or on TV and radio."

In May 1991 the then minister of health and social action, Avelino Porto, announced a new campaign in which a million condoms were going to be distributed; this caused a major feud with the Church. Nothing was ever distributed.

On 4 February 1992 Alberto Mazza, as health secretary, reported enthusiastically on the new campaign that Alfredo Miroli, who had just taken over as director of the National AIDS Program, had proposed; this campaign included an advertising spot with famous people, President Menem among them, singing about the fight against AIDS. One of the main points in the proposed campaign was the free distribution of medications to patients.

High Costs Revealed

94WE0001C Buenos Aires CLARIN in Spanish 1 Sep 93 General Information pp 50-51

[Article by Sibila Camps]

[Text] The specialists and institutions that help AIDS patients and carriers of the virus have all underscored the high cost of the medications that are in short supply. "They cannot be substituted for; without the specific medication a patient cannot recover," explained Dr. Maria Elena Estevez of the National Academy of Medicine and president of the Argentine Association of AIDS Research. "Not to give it to them is a crime, because health care is a right that all people have, and the State must guarantee it."

In a letter published yesterday in the newspaper PAGINA 12, the Camino Abierto Foundation, which assists HIV carriers, voiced a warning about the situation: "AZT and DDI are still being distributed, but we wonder for how long. What is the course to take? Raid the drugstores in search of them or wait for the virus to do its job and perhaps die? These are very expensive, unaffordable drugs."

Dr. Pedro Cahn, the chief of infectious diseases at Fernandez Hospital and scientific director of the Huesped Foundation, commented that "at this juncture patients have an acquired right. At first there were no treatments for AIDS. When they appeared, patients could not afford them. Finally, we managed to make them available free of charge. I do not know how they are going to explain to people that they are not going to get them anymore."

COLOMBIA

Two Hundred Donate HIV-Tainted Blood in Sep

PA0910214093 Santa Fe de Bogota Inravision Television Cadena 1 in Spanish 1800 GMT 9 Oct 93

[From the "National Newscast"]

[Text] Two hundred people infected with the AIDS virus donated blood last month, and at least 25 of the donors were able to donate contaminated blood to an indeterminate number of patients as a result of poor screening controls at the blood banks.

The Colombian Health Ministry has disclosed that 200 HIV carriers had been detected during September. Certain blood banks were able to detect contaminated blood as a result of modern equipment used to screen the blood. The contaminated blood was never distributed to any hospital or health center; nevertheless, authorities have never clarified what was the final destination of this contaminated blood.

[Begin recording] [Health Minister Juan Luis Londono] We need qualified personnel handling blood donations; in addition, we need modern equipment that will ensure that quality control will be the most adequate and the way in which it is handled is the most appropriate. These are the things we need.

[Red Cross Officer Marcela Garcia] Neither the Red Cross nor any other international institution can give any guarantees with absolute certainty, because the techniques in use throughout the world have certain limitations. [end recording]

According to health authorities, 50 people have died as a result of transfused contaminated blood, and 300 blood banks have been penalized.

The latest statistics indicate that every 5 hours there is another AIDS case recorded in Colombia.

COSTA RICA

AIDS Cases: Total 500, Dead 302

93WE0578A San Jose LA REPUBLICA in Spanish 12 Aug 93 p 6A

[Article by Jose Luis Fuentes]

[Text] Spokesmen from the Health Ministry announced that a total of 500 persons in Costa Rica have contracted Acquired Immunodeficiency Syndrome (AIDS) during the past 10 years, and that 302 of them have died.

Analyses made by Leonardo Marranghello, director of that ministry's Epidemiological Surveillance, indicate that AIDS is a disease that is continuing to spread in the country, because the statistics so indicate.

Since the recording of the disease began in 1983, 469 cases have been accumulated among persons of the male sex, and 30 among females. Of the total number infected, 302 patients have died, according to the same Epidemiological Surveillance records.

During the first year of record-keeping, nine patients were reported; but, 4 years later, that figure had more than doubled, reaching 125 last year.

This Year

During the first 6 months of this year, 45 new cases have been diagnosed, with a considerable presence of male patients, aged between 20 and 45.

Homosexual and bisexual males constitute the majority of cases, followed by heterosexuals (one case) and drug consumers (one case).

The report emphasizes the absence of infected persons among hemophiliacs, who are another risk group, or persons contracting the disease by transfusion. Nor has there been any transmission from mother to child.

According to the Health Ministry, of the 19 cases recorded between April and June 1993, 18 are nationals and one of Spanish nationality. Eleven are single, and five, married; while two have unknown civil status and one lives in a common-law relationship. Moreover, 13 diagnosed cases are from San Jose, three from Alajuela, one from Cartago, one from Guanacaste, and another from Heredia.

HONDURAS

Eighty-Four New AIDS Cases Reported in August

93WE0603B San Pedro Sula TIEMPO in Spanish
9 Sep 93 p 19

[Article by Maria Edith Diaz]

[Text] Tegucigalpa—Acquired immunodeficiency syndrome [AIDS] continues its accelerating progress in the country where, during August alone, 84 new cases were reported, with a total of 4,549 persons infected by the virus producing the fatal disease.

With the 84 new cases, the number of sick persons has risen to 3,003, 734 of whom have died, seven just last month, and 1,774 are still alive; while there are 495 whose whereabouts are unknown to the authorities.

Of the total cases, 2,013 are males and 988 females, the majority being heterosexuals. The age groups most severely stricken are those between 21 and 35 years, representing 59.4 percent of the entire infected population.

According to the distribution of infected persons by region, the Third Region, consisting of Cortes, Yoro, and Santa Barbara, reports 56.2 percent of the cases, that is, 1,688; followed by the Metropolitan Region, reporting 454, or 15.1 percent; and the Sixth Region (Colon, Atlantida, and Islas de la Bahia), with 233 cases, or 7.8 percent.

By departments, Cortes ranks first, with 49.9 percent, of which number 1,208, or 40.3 percent of the total infected, are reported in San Pedro Sula. Francisco Morazan ranks second, with 16.2 percent. In the capital alone, 434 infected persons are reported, accounting for 14.5 percent.

The most frequent symptoms of AIDS victims are: weight loss, chronic fever and diarrhea, chronic cough, white spots, inflamed ganglia, neurological disturbances, and hematological disorders.

The most commonly associated diseases include candidiasis, pulmonary tuberculosis, histoplasmosis, and pneumonia, as well as others.

TIEMPO attempted to learn the most serious aspect of the problem from the person in charge of the AIDS program, Delia Tercero, who, since she assumed her position 3 months ago, has never "been able" to respond to the press.

AIDS Epidemic Overwhelms Health Facilities

93WE0603A San Pedro Sula LA PRENSA in Spanish
24 Aug 93 p 4

[Text] Tegucigalpa—Yesterday, President Rafael Callejas admitted the lack of an economic and technical capacity in the government to deal with the epidemic of acquired immunodeficiency syndrome (AIDS).

The chief executive swore in members of the National Commission To Battle AIDS, Conasida, headed by first lady Norma de Callejas, after having received the report from the study on the epidemic's socioeconomic impact on the country.

Before the oath-taking of the group of officials, which held its first work meeting yesterday as well, the president declared that the implications of this disease are tragic. He noted that, at present, the health system is coping inadequately with the problems resulting from poverty, such as diarrhea and acute respiratory infections.

Callejas remarked: "The statistics on the incidence of AIDS in Honduras far exceed our current capacity or future capacity to cope with it." He claimed that not even the world's most powerful nations are able to counteract the disease, with their hospital capacity and medical treatment.

The president explained that the commission is not professional in nature, but rather political, and that its purpose is to create in the nation an appropriate interpretation of the scope and complexities of AIDS, with sufficient power to attract attention.

The commission will be chaired by the current president's wife because, with the involvement of the presidential family, a more definite option will result for dealing with the problem.

The commission is of a permanent type, with Mrs. Callejas as chairman for the remainder of the year. Other members are the education minister, Jaime Martinez Guzman; the health minister, Jose Ramon Pereira; and the general director of health, Alirio Cruz.

Also serving on the commission are: the Army chief, General Guillermo Paredes Hernandez, representing the armed institution; Jorge Carranza, on behalf of the National Congress; Cesar Hermida, representative of the Pan-American Health Organization; and Irma Acosta de Fortin, representing the universities; among other officials.

After the swearing-in, the Conasida heard reports on the projections of the epidemiological impact including costs and the impact of AIDS on the nation's economy. It also heard a report on medium-term strategies in the national plan to prevent and control the disease.

The event was also attended by the director of the World Program on AIDS, Michael Merson, who noted that the rate of infected persons in Honduras is very high for a population of under 6 million persons.

He predicted that the worst of the pandemic is yet to be seen. Therefore, the appeal issued to the authorities to fight it was summarized in a single phrase: "It is time to act," as if the enemy were at the door. In this way, many lives will be spared and millions of dollars will be saved.

According to the global statistics, every day 5,000 persons in the world contract the infection through the HIV virus: in other words, there is another person infected every 18 seconds.

As of 10 June 1993, the World Health Organization, WHO, had reported 669,592 accumulated cases in 163 countries. However, it is estimated that the real number of AIDS victims exceeds 2 million.

According to the WHO, in Central America Honduras ranks first, with 2,510 cases; followed by Costa Rica and El Salvador, with 470 cases each; Panama, with 460; Guatemala, with 434; Belize, with 53; and Nicaragua, with 39.

This region has recorded a total of 1,559 deaths from the disease of the century.

PERU

Expert Estimates 80,000 Infected With HIV Virus

94WE0010A Lima LA REPUBLICA in Spanish 10 Sep 93 p 21

[Text] AIDS, converted into the disease of the century, has definitely become established in our country by now. Nearly 80,000 Peruvians may have contracted the disease, and their remaining life span fluctuates between two and 10 years.

This alarming disclosure was made yesterday by Dr. Oscar Mugica, a consultant for both the Pan-American Health Organization and the World Health Organization.

The physician claimed: "For every confirmed case of AIDS, there are 40 persons infected with the virus."

He pointed out: "There are 903 recorded AIDS cases in Peru, but the number of those infected is presumed to be actually 2,500."

He explained: "If we use the proportion of one AIDS patient who is in the advanced state of infection, with symptoms of deterioration, and the 40 persons he has infected, who are carrying the virus in the human organism, we can infer that there may be 80,000 persons in the country infected with this disease."

These and other important facts were revealed yesterday during the symposium titled "Impact of AIDS on Peru and the World," organized by the Peruvian Institute of Social Security [IPSS] and held at the Sheraton Hotel.

A representative of the Peruvian Association of Infectious and Tropical Diseases remarked that there may currently be 60 children infected with AIDS.

One of the main conclusions from this symposium, led by professors, journalists, social workers, and educators in general, is that AIDS has ceased to be a "red-light district pestilence," and has become a generic disease afflicting all social strata.

Dr. Juan Villena Vizcarra, in charge of the IPSS's National AIDS Program, indicated that the two means of transmitting the virus are through blood and sexual activity. The latter has the greatest incidence in our country and the world.

He noted that three out of 10 AIDS cases were infected by persons with whom they had a bisexual relationship.

He commented: "In the United States, homosexuals participate in public demonstrations, whereas in our country they are repressed. Therefore, most of them lead a double life."

The physician reported that the IPSS is currently treating a total of 120 AIDS patients.

Dr. Villena pointed out that persons at high risk for contracting AIDS are not exclusively homosexuals, but primarily promiscuous young people.

He warned: "It is the youth who run the greatest risk, because, during their search for a stable partnership, they have relations with various persons who could be infected."

He declared optimistically that, this year, some shortcomings of the past associated with diagnoses of this disease have been surmounted.

He explained: "The Elisa test and other screening tests are not definitive, but indicate something suspicious. Just now, a third test, the confirming one, is being made in several IPSS hospitals."

Nevertheless, he gave a reminder that, when only the Health Ministry was conducting this third test, patients had to wait between three and four months for confirmation as to whether they had contracted the disease. He termed this a genuine psychological martrydom.

Dr. Villena also reported that, during a recent medical visit to Puerto Maldonado, it was discovered that 10 percent of the women engaged in prostitution had AIDS. He indicated that the multiplying effect is very great.

Several physicians agreed in stating that downtown Lima, where hundreds of women and various transvestites engage in prostitution every day, has become the principal focus of infection.

They commented separately: "If there were a raid now, and all those people were subjected to the Elisa test, we might be shocked to learn that 10 percent of them are suspected of having contracted AIDS."

Dr. Juana Antigoni, chief of the Special AIDS Control Program for 2 years, and currently chief of the Preventive Medical Service at Rebagliati Hospital, for her part, sounded the first alarm when she mentioned the threatening advance of this disease among children.

INDIA

Rate of HIV Infection Reported To Increase

94WE0041A Madras THE HINDU in English 25 Sep 93 p 4

[Text] New Delhi, 24 Sep—The rate of HIV infection is increasing at an alarming rate among prostitutes in Tamil Nadu and Bombay and among intravenous users in north-eastern states, says the latest update of the World Health Organization's Regional Committee for South-East Asia.

The report presented at the 46th session of the Regional Committee here today, describes the AIDS situation in India as "very serious."

As of June 1993, a total of 2,026 cases of AIDS have been reported in South-East Asia, according to the WHO. Thailand and India have reported the largest number of cases—1,569 and 336 respectively—accounting for more than 95 percent of cases reported from the region to date, the report says.

The WHO estimates that AIDS cases in the region will continue to increase well into the next century and close to two million cumulative cases of AIDS will occur by the year 2000.

Recent data shows that in Madras HIV infection among STD patients and blood donors grew from 0.2 percent in 1986 to 2.4 percent in 1991 and from 0.02 percent in 1988 to 0.2 percent in 1991 respectively.

In Bombay, the HIV seroprevalence among prostitutes increased from 0.3 percent in 1986 to 30 percent in 1990 and over 50 percent in 1991.

The overall national prevalence rate combined for all population groups tested has increased from 0.25 percent in 1986 to 0.52 percent in early 1992.

In a study in Manipur, none of the 2,322 people seen from 1986 to 1989 were seropositive for HIV. However, the rate increased to 54 percent between October 1989 to June 1990 and at present is almost at the same level.

The WHO update says that Maharashtra and Manipur lead the States in developing AIDS medium-term Plans, followed by Tamil Nadu, West Bengal and the Union Territory of Delhi.

India is to get a $85 million loan from the World Bank for AIDS prevention over the next 5 years. For 1992-97, India has allocated $13.5 million as counterpart funding for external support. WHO will provide $1.5 million over the next 5 years for the national plan, while the World Bank support shall be utilized for States.

India's efforts at AIDS prevention include motivation, surveys to assess the prevalence of risk behavior in major cities, education and STD control among prostitutes in Bombay and development of a comprehensive STD control program.

'Alarming' Spread of Tuberculosis Linked to AIDS

Related to AIDS Spread

93WE0566A Bombay THE TIMES OF INDIA in English 16 Jul 93 p 5

[Article by Bharati Sadasivam: "Doctors Fear TB Epidemic Imminent in City"]

[Text] Bombay, July 15—The spread of AIDS has led to an alarming resurgence of tuberculosis (TB) in Bombay and doctors fear an imminent epidemic in this communicable disease.

Tuberculosis claims an estimated 500,000 lives in India, mainly among the poor and the young, and accounts for a tenth of all deaths in the country. It has now acquired a menacing new dimension as it is also one of the first opportunistic infections to afflict victims of the AIDS virus, HIV, as their immune systems begin to fail.

The association with HIV has had the salutary effect of mobilising money and movement on the grossly neglected national tuberculosis control programme. Starting in October, the World Bank is to assist a 5-year pilot project in early detection and improved treatment of infectious cases in five states (West Bengal, Bihar, Himachal Pradesh, Gujarat and Kerala) and six cities (Bombay, Delhi, Calcutta, Madras, Hyderabad and Bangalore).

There are already an estimated one million HIV-infected people in India and 12 million patients of tuberculosis. With the rapid spread of HIV, and a TB incidence (number of new infections each year) of 16:1,000, the danger signals are flashing for the onset of a twin HIV-TB epidemic.

For Maharashtra, the prospect raises acute public health concerns. At 1 per cent, the incidence of TB in the state is lower than the national average; but this is offset by the galloping spread of the AIDS virus, especially in Bombay.

As more and more HIV victims develop active TB, the challenge is to limit the transmission of infectious TB in the community. Yet, so far, the authorities' response remains sluggish.

To gauge the extent to which TB masks HIV, it has now become imperative to screen TB patients for the AIDS virus. For instance, there has been a steady and steep rise in the number of TB patients testing HIV-positive at the government-run J.J. Hospital, reports Dr K.C. Mohanty, honorary director and head of the department of respiratory diseases and TB.

Since 1988, this department has been screening all TB in-patients for HIV, "HIV cases have gone up from 2.4 percent in November 1988, to 10 percent in February 1993," discloses Dr Mohanty. Twenty-seven patients with HIV-TB co-infection died during this period.

As for other teaching hospitals in Maharashtra, which alone are equipped with microbiology laboratories, HIV tests on TB patients were started in a few of them just 3 months ago, according to Dr P.N. Sapkal, deputy director of health services (TB and BCG). "So far, 11 cases of TB have been found to have HIV as well," he says.

The TB general hospital in Sewree run by the Bombay Municipal Corporation (BMC) has recorded a jump in admissions, from about 600 to over 1,000 this year. Mr A.B. Madhuskar, deputy municipal commissioner, says that apart from more liberal criteria for admitting patients, one reason for this increase could be the presence of HIV.

However, according to Dr Veena G. Advani, medical superintendent, the hospital has "no instructions so far to screen patients here for HIV."

Practical difficulties and lack of resources hamper such screening in the 21 area TB clinics in Bombay run by the BMC. "There is no procedure for testing," admits a health official associated with TB control. "But we have said that at least those TB patients who fail to respond to treatment at the clinics should be checked for HIV."

Against this background, a secondary epidemic of TB in India—on the scale of Africa, where nearly half of HIV-positive individuals are also infected with TB—appears inevitable.

"In India and Africa, the epidemiology of HIV and the factors hastening its spread are the same. Moreover, both have an already high prevalence of TB in the population," points out Dr Subhash K. Hira, an international AIDS expert from the University of Texas, who is setting up an AIDS research and control centre in Bombay in collaboration with the Haffkine Institute.

A 4-year study conducted by Dr Hira in Zambia, one of the worst AIDS-affected central African nations, showed that an HIV-positive person was 41 times more at risk of developing active TB than someone who was HIV-negative. The incidence of TB was 1.3:1,000 among the general population, but as high as 53:1,000 among HIV carriers.

Apart from the HIV factor, another problem complicating TB control in India is growing drug resistance among patients. Dr Satish V. Modi, a city orthopaedic surgeon, reports that 2.5 percent of bone TB patients in his private practice are showing drug resistance.

A hospital study in Gujarat has shown 20 percent resistance to Rifampicin, 30 percent to Isoniazid and 40 percent to Steptomycin—three drugs necessary in the early stages of TB treatment.

While bacterial immunity to drugs is inevitable in any multi-drug therapy, it has been greatly aggravated in the case of TB by irrational prescriptions by doctors and non-compliance by patients, says Dr Nerges Mistry, senior research officer at the Foundation for Research in Community Health.

A recent study by two FRCH researchers, Mr M.W. Uplekar and Mr S. Rangan, showed that 100 private doctors prescribed 80 different regimens to treat pulmonary TB.

With little to no research being done on new drugs to fight mycobacterium tuberculosis, doctors now fear that, exacerbated by HIV and rising rates of resistance to major existing drugs, the spread of TB may become uncontrollable.

Apart from these problems, TB control programmes in developing societies are bogged down by the expenditure involved. Dr Mistry cites a ministry of health estimate that it will cost Rs 110 crore to treat every case of pulmonary TB in India, whereas the entire budget for the national TB control programme is Rs 11 crores.

World Bank Support Sought

93WE0566B Madras THE HINDU in English 6 Jul 93 p 3

[Text] Madras, July 5—The Directorate General of Health Services is seeking support from the World Bank to strengthen and expand its tuberculosis control programme in the country.

According to Dr. A.K. Mukerjee, Director General of Health Services (DGHS), the main areas to be covered under the proposed expansion are: phased extension of short-term chaemotherapy to all districts in the country, improving the sputum collection, testing and reporting facilities and bringing down of the drop-out rate during treatment period. A thurst area in this sphere was also needed to further improve the BCG immunisation programme.

The TB control programmes are now being taken up at district level by the Central health services. The GDHS told reporters on Monday: 'We want to go below the district level for T.B. control measures. We are alive to the issue (of more effective T.B. control) and are looking for support from the World Bank which we hope will give a bigger input (for strengthening the programme)'. Initial talks were held with World Bank officials in this regard last week.

Recovering period: Dr. Mukerjee said the short-term chaemotherapy, which replaced the conventional drugs for TB control, had brought down the recovery period from nearly 2 years to 3-9 months. About 230 districts in the country were now covered by the short-term chaemotherapy and this would be expanded in a phased manner to all districts. The short-term chaemotherapy, by giving Rifampicin and Streptomycin, had improved considerably the T.B. treatment methods.

The present system of sputum collection and testing by the PHCs and subsequent medical intervention, he said,

needed to be strengthened. Also, drugs should be delivered near the patient's house.

It had been noted that due to the efficiency of drugs, patients felt better in three or four weeks and hence they tended to drop out of the subsequent treatment. This dropout rate had to be minimised.

Twin danger: The DGHS said he would hold talks with the Tamil Nadu Government for strengthening T.B. control measures in Madras.

Expressing concern at the rising danger of co-infection of T.B. and HIV/AIDS, he said the projections made about the twin epidemic were 'large.' Nearly 1.5 percent of the population was in need of serious medical intervention for tuberculosis.

There were 12,066 HIV positive cases and 300 full-blown AIDS cases on record throughout the country, but WHO projections put India's HIV positive population at around 1.5 millions. There was danger of T.B. and AIDS infections rising because both weakened the body resistance system.

Big project: Earlier, inaugurating a 131-unit residential quarters for staff of the BCG Vaccine Laboratory at Guindy here, the DGHS said the BCG vaccine immunisation programme against six killer diseases prevalent among children in the country was one of the biggest projects of its kind in the world.

The vaccine lab now had a capacity to produce 500 lakh doses a year. To meet the increasing demand for BCG vaccine, its capacity would be increased to 600 lakh dosages. The expansion would cost Rs.14 crores and one-fourth had been sanctioned. At present, nearly 40 percent of the vaccine was being imported. With subsequent development of the Guindy laboratory, 'we hope to do away with import.'

Weaknesses in AIDS Prevention Program Seen

93WE0597A Bombay THE TIMES OF INDIA in English 18 Aug 93 p 9

[Article by Charu Lata Joshi: "AIDS Plan Funds Misused"]

[Text] The Times of India News Service, New Delhi, August 17—Jammu and Kashmir and Meghalaya are reluctant to be a part of the Centrally managed AIDS prevention programme launched by the National Aids Control Organisation (NACO).

This, however, does not imply that there is no incidence of AIDS in these states—at least 12 HIV cases have been reported from J&K.

A year after NACO launched its campaign, J&K has finally expressed willingness to join, issuing a letter of undertaking to the ministry of health and family welfare.

The lackadaisical attitude of the two states, which have not yet constituted empowered committees to prepare plans for their programmes, serves to highlight the fact that despite the media blitz, the year-old NACO programme has failed to promote AIDS awareness throughout the country.

According to reliable sources connected with the project, funds sanctioned for the programme have either been misused or under-utilised in many states where the project is under way. In some states, very little of the amount allocated for the purchase of equipment and drugs has actually been used for this purpose.

"There may be cases of diversion or non-utilisation of funds allocated exclusively for the AIDS programme, but this does not imply a misutilisation of World Bank money, because a reimbursement claim with the bank is settled only after the bank authorities vet the expenditure account and authenticate it," said Mr P. R. Dasgupta, additional secretary and project director, NACO.

World Bank authorities have recently finished reviewing the first phase of the NACO exercise which has been undertaken by the ministry of health and family welfare with the active support and financial assistance from the bank. Though, on the face of it, the international authorities claim to be "very satisfied with the performance of NACO," field workers point to the contrary.

With an estimated one million people infected by the AIDS virus in the country, there are charges that the NACO programme is targeting just the metro cities and has paid scant attention to mofussil and semi-urban areas.

Responding to charges that NACO's programme has been city-centric, Dr Salim J. Habayeb, senior public health physician, South Asia region, World Bank, said: "This is just a preparatory effort in a 5-year long exercise."

AUSTRIA

Number of HIV Infections Reported Rising

AU2910163293 Vienna NEUE KRONEN-ZEITUNG in German 29 Oct 93 p 11

[Unattributed report: "520 AIDS Infections"]

[Text] The number of newly discovered HIV infections has increased from 400 in 1991 to 520 in 1992. Since 1983, 1,000 people have fallen ill from AIDS in Austria; more than 600 of them have died.

DENMARK

Health Ministry To Increase Spending on AIDS Information

93WE0600C Copenhagen BERLINGSKE TIDENDE in Danish 1 Sep 93 p 9

[Unattributed article: "AIDS Information"]

[Text] Next year more money will be expended on information about AIDS. The Health Ministry has earmarked an additional 7.2 million kroner for AIDS information. The amount spent will thus rise to 27 million kroner in 1994.

Study Indicates More Relaxed Attitudes Toward AIDS

93WE0600A Copenhagen BERLINGSKE TIDENDE SONDAG in Danish 29 Aug 93 p 7

[Unattributed article: "Many More Relaxed About AIDS"]

[Text] Reliance upon the condom as protection has risen steadily since 1985, but is falling now. At the same time, the public's attitude toward infidelity is again becoming more liberal.

This is the result of the latest of a series of studies the Gallup Institute has conducted for BERLINGSKE TIDENDE over the course of the past 8 years.

In the first Gallup poll in 1985, only 39 percent of the population felt that condoms were an effective protection against AIDS. Since then, this percentage has risen greatly, undoubtedly due to the impact of the major AIDS campaigns. In 1992, Gallup thus found that the percentage had risen to a full 92 percent, and happily, the percentage among the younger age groups (15-24 years) rose even further: 97 percent.

The latest poll, undertaken in August 1993, shows for the first time a downward tendency in this percentage, as the number of those who feel that condoms are an effective protection against AIDS has now fallen to 84 percent, while the percentage that feels it is not effective has risen from only 4 percent in 1992 to 10 percent today.

However, the drop is contingent upon age, as 94 percent of the younger age groups (15-24 years) still have confidence in the condom.

Concerning the spread of AIDS, attitudes about infidelity and the so-called affair on the side play a big role: Gallup earlier (1988) detected a connection between the fear of AIDS and the willingness to accept an instance of infidelity.

The Gallup polls, which have measured public attitudes toward infidelity since 1959, showed only a small deviation up to 1985. Thereafter the percentage with a "liberal" attitude toward infidelity fell from 54 percent in 1985 to 39 percent in 1988, but the percentage that did not accept infidelity in the same period rose from 46 percent to 61 percent.

The current percentage of those who find an affair acceptable has risen from 39 percent to 45 percent, while those who find infidelity unacceptable has fallen from 61 percent to 55 percent. Keeping in mind that there appears to be a connection between the fear of AIDS and attitudes toward infidelity, it is disturbing that the percentage opposed to infidelity has fallen 6 percent since 1988.

The fact that attitudes about infidelity have grown more liberal just as the belief that condoms are a protection against AIDS has begun to waver can hardly be wholly accidental, and is possibly an indication that many are begining to be more relaxed about the AIDS problem, or dare to run a bigger risk.

Do you believe that condoms provide an effective protection against being infected with the HIV virus? (For the sake of comparison the "undecideds" have been divided proportionately in this table.)

	1985	1987	1988	1992	1993
Yes	36	74	76	92	84
No	33	9	9	4	10

Infidelity is often grounds for divorce. It has been suggested that the marriage law be changed so that a single instance of infidelity would no longer be sufficient grounds for divorce. Do you agree or disagree with this?

	1975	1985	1987	1988	1993
Disagree (against infidelity)	43	46	53	61	55
Agree (liberal)	57	54	47	39	45

AIDS Carrier Charged With Unsafe Sex Endangerment

93WE0600B Copenhagen BERLINGSKE TIDENDE in Danish 28 Aug 93 p 2

[Unattributed article: "Woman Charged for HIV Sex"]

[Text] An HIV-positive woman from Dursland will be charged for having endangered other people's lives by practicing unprotected sex—for not warning her partner, according to AMTS AVISEN/DAGBLADET DJURSLAND. It is not yet known whether her partner has been infected. The case against the woman will be tried at the end of September at the Grenaa municipal court. Recently a 35-year-old man from Haiti was sentenced in the Eastern District Court to 18 months in prison under the same code section.

Police Think Thieves Mistook AIDS Samples for Morphine

AU1810163593 Paris AFP in English 1609 GMT 18 Oct 93

[Text] Copenhagen, Oct 18 (AFP)—Police warned Monday [18 October] the thieves who stole 75 vials containing the AIDS virus from a Copenhagen hospital that they were courting death.

The ampules are similar to those containing drugs for medicinal use, and police said they thought the thieves were addicts who believed they were stealing morphine.

The vials of human immuno-deficiency virus, which causes the fatal acquired immune deficiency syndrome, were taken at the weekend from a hospital in the western Copenhagen suburb of Hvidovre.

FRANCE

Pasteur Institute Announces Progress in AIDS Research

BR2610133093 Paris LE QUOTIDIEN DE PARIS in French 26 Oct p 7

[Article by Philippe Coste (AFP): " AIDS: Plan for Fighting the Virus?—Major Discovery at Pasteur Institute"]

[Text] A team of researchers working at the Pasteur Institute in Paris has succeeded in identifying a new receptor in cells that might act as a kind of "entrance gate" enabling the AIDS virus to penetrate the organism, revealed Professor Ara Hovanessian, the man in charge of this research, to AFP yesterday.

This discovery, which may be of major importance, should eventually provide researchers with a way of attacking the virus. "All the more so," stressed Prof. Hovanessian, "since the virus is obviously more accessible when it is outside the cell than when it has succeeded in invading it." The full results of this work were due to be presented officially today at the 8th "Colloque des 100 Gardes," which started yesterday in Marnes-la-Coquette, near Versailles, and is devoted to AIDS this year. Each year this colloquium gathers together leading research scientists from around the world. Until now, virologists thought that cells had but a single receptor, the CD4 molecule, which enabled the virus to penetrate the organism.

"Now, in fact, we have discovered that cells have not just one receptor, but two—the CD4 and the CD26—which enable the virus to infect this cell," explained Prof. Hovanessian. By analogy, the virus can be compared with the cargo of a freighter, with the cell being equivalent to the quay at which it is unloaded. For the freighter to be unloaded successfully, it must first be moored—thus immobilizing the vessel at the quay side—and a crane must then be used to extract the cargo from the ship's hold and place it in storage. The CD4 molecules which fix the virus serve to "moor" the cell, as it were, while the CD26 is more like the "crane." Of course, unloading is only possible if a single ship has been immobilized and provided that a crane is available.

Likewise, the infection can only spread when two operations have been completed: the coupling of the virus to the cell, and its penetration thereof. "The action concerned has two stages, which means that these two proteins [CD4 and CD26] are indissolubly linked elements," pointed out Prof. Hovanessian. "If there is no CD4 on the surface of the target cells, the AIDS virus cannot enter them. Equally, if the cells targeted by the virus are deprived of CD26 proteins, the virus remains wandering around outside the cell."

Moreover, Prof. Hovanessian and his team have discovered that CD26 can recognize so-called "keys" in one of the more significant parts of the virus. These are constant among all the [AIDS] viruses and are used to open the CD26 "gateway." Consequently, it should prove possible to prevent the virus from entering the cell merely by modifying the "lock" in some way. "Even if the AIDS virus mutates—which it is doing constantly—the keys remain identical," underlined Prof. Hovanessian. He believes that this constancy, which is especially important, demonstrates that all strains of the [AIDS] virus have one feature in common. Until now, the versatility of the AIDS virus, and the fact that its different forms had no common denominator, meant that researchers were not even sure that they could create a polyvalent vaccine. On the contrary, they feared that they might be facing a kind of "blow by blow" fight against the (originally African or Asian) virus, and would have to adapt the formula of any vaccine to each particular strain of virus targeted in turn.

On the other hand, the discovery of a common denominator shared by all AIDS viruses means that researchers are now being presented with a choice objective. In theory, all they will have to do is find a way of blocking the interaction between the keys and the CD26 proteins, or of using molecules that directly block CD26 activity to

prevent the virus from infecting the cells. "This work will take a long time," predicted Prof. Hovanessian. "The role played by CD26 has been demonstrated, and we already have efficient inhibitors (i.e., blocking agents) on which to base them, but we still have to succeed in increasing their activity before we can inject them into AIDS sufferers. If all goes well, this should take us two years," estimated the professor.

What is more, by managing to infect the cells of mice after grafting CD4 and CD26 cells of human origin into them, the research team at the Pasteur Institute might well have given scientists an indispensable tool: a ' test animal"—the mouse—which is much more practical and more readily available than chimpanzees which, incidentally, are a protected species.

Prof. Hovanessian, who is the director of research at the CNRS [French National Center of Scientific Research] and head of the Virology and Immunology Department at the Pasteur Institute (which is affiliated to the CNRS), conducted his research in conjunction with three other scientists: Christian Callebaut, Bernard Krust, and Etienne Jacotot. "We kept our work confidential until everything had been irrefutably demonstrated," he explained.

Research Team Finds Structure Capable of Blocking HIV

AU2910171993 Paris AFP in English 1504 GMT 29 Oct 93

[Text] Marseilles, France, Oct 29 (AFP)—French scientists have discovered a molecular structure capable of blocking the AIDS virus from the cells it normally infects, the National Centre for Scientific Research (CNRS) announced Friday.

"It is an important step towards getting to the bottom of the Acquired Immune Deficiency Syndrome [AIDS]," the CNRS's research director, Jurphaas Van Rietschoten, told a press conference here.

Van Rietschoten emphasised the structure had only been tested in artificial conditions, not in vivo—in a living organism.

"Out of respect for (those suffering from AIDS)," he added that the discovery was "neither a vaccine, nor a medication" capable of healing the disease.

A member of the research team in this southeastern French city, Jacques Fantini, said that thanks to the structure, "we have succeeded in preventing the European version of the AIDS virus, HVI [human immunodeficiency virus] 1, and the African version, HVI 2, from infecting its target cells—under laboratory conditions."

Another team member, Jean-Marc Sabatier, said the discovery amounted to "the first time that common ground has been found between the different viruses."

Fantini said the structure was like a "key which enables one to close all the locks in order to stop the virus from entering the healthy cells."

The team will shortly begin testing their discovery on monkeys. If all goes well, they will start testing humans.

Earlier this week, the Pasteur Institute in Paris announced it had located a new mechanism by which the AIDS virus penetrates the body.

The research team had identified a new cell receptor—previously only one was thought to exist—through which the virus entered an organism, the Institute said.

Health Minister, Doctors Attack Senate AIDS Testing Decision

TB Patients Already Being Tested

AU2710201693 Paris AFP in English 1958 GMT 27 Oct 93

[Text] Paris, Oct 27 (AFP)—French Health Minister Philippe Douste-Blazy on Wednesday criticised a controversial vote by the French Senate aiming to make AIDS [acquired immunodeficiency syndrome] tests for tuberculosis suffe ers compulsory.

The president of the French doctors' professional association, Bernard Glorion, also expressed opposition, saying that the Order of Doctors "cannot follow the senators."

The text, an amendment to a public health bill adopted late Tuesday by the Senate, must still be approved by the National Assembly which now has to consider the bill as a whole.

"I am against this amendment," the minister said after the weekly cabinet meeting here, arguing that doctors were already testing tuberculosis patients for the AIDS virus as part of efforts towards a cure.

There was no reason "to fix good medical practices into the law," he said, adding that the Senate's move, if adopted, could open the door to testing other categories of patients for the deadly Acquired Immune Deficiency Syndrome.

Members of the centre-right government coalition stressed Wednesday that it was time to bring the issue of compulsory AIDS testing to the forefront.

"We will one day have to have the courage to decide on compulsory AIDS testing," said Senator Jean Cherioux of the neo-Gaullist Rally for the Republic.

France is the European Community country most affected by AIDS, with a total 23,000 cases.

ACT-UP Group Against Amendment

AU2710204493 Paris AFP in English 2037 GMT 27 Oct 93

[Text] Paris, Oct 27 (AFP)—ACT-UP, an AIDS activist group, denounced the Senate amendment as "demagogic, repressive and criminal," saying that despite 12 years since the crisis began, the members of the French upper house remained "totally ignorant" of the illness.

The pressure group said the measure would have no benefits in terms of public health and would discourage certain groups such as illegal immigrants and those without social security cover from visiting clinics if they were threatened with compulsory testing.

The Senate vote illustrated the "climate of intolerance that has developed in France towards those with HIV infections and the sick," ACT-UP said, referring to the Human Immune-deficiency Virus that causes AIDS.

Researchers Discover How AIDS Penetrates Body

AU2510120693 Paris AFP in English 1125 GMT 25 Oct 93

[Text] Paris, Oct 25 (AFP)—French researchers have uncovered a new mechanism by which the AIDS virus penetrates the body, virologist Ara Hovanessian told AFP on Monday [25 October].

Hovanassian, head of a team of researchers at the Pasteur Institute, said that they had managed to identify a new cell receptor constituting "the front door" through which the Human Immune-deficiency Virus (HIV) entered the organism.

He said that up till now virologists thought there was a single receptor on a cell, known as CD4. "In fact there are two, the CD4, but also the CD26," Hovanassian said.

He said the CD26 recognised "keys" on one of the most important parts of the virus and these "keys" were identical for all viruses that cause the Acquired Immune Deficiency Syndrome (AIDS).

"It would suffice to change the locks to stop the virus getting into the cell," Hovanassian said.

These advances should in the long term permit researchers to develop drugs or a vaccine capable of preventing the virus from entering and thus halting HIV infections, he said.

A full account of the discovery is scheduled to be formally revealed Tuesday to international researchers attending a medical colloquium on AIDS that opened Monday at the Paris suburb of Marnes-la-Coquette.

Sharp Rise in Cost of Treating AIDS Forecast

BR0710100093 Paris LE QUOTIDIEN DE PARIS in French 6 Oct 93 p 6

[Unattributed report: "AIDS Will Cost 600 Billion Francs by the year 2000"]

[Text] The cost of AIDS in France, estimated at between 5 and 15 billion francs [Fr] in 1990, will triple by the year 2000, and the figure worldwide will probably exceed Fr600 billion, six to seven times as much as the present figure, Prof. Denis Clair-Lambert said in Lyon. "The industrialized countries, such as France and the United States, will probably succeed in meeting the increased expenditure, but it will be a disaster for the developing countries," the professor explained. "Already the African elites have been devastated by the illness and replaced by less qualified people, which seriously threatens the African countries' future economic development." The professor made his projections on the basis of WHO [World Health Organization] forecasts—2.5 million cases of AIDS and 15 million people infected by the AIDS virus at present, but at least 20 million sick people by the year 2000 and 40 million carriers of the virus. According to Dr. Eric Van Praag, a WHO epidemiologist, 80 percent of the people affected by AIDS live in the developing countries, but enjoy only 20 percent of the funds allocated to the illness worldwide.

GERMANY

Cause, Effect of AIDS Blood Scandal Examined

94WE0054A Hamburg DER SPIEGEL in German 11 Oct 93 pp 24-37

[Unattributed article: "Something Went 'Click'"—The AIDS Scandal in Bonn, Which Cost Many Top Officials Their Jobs, Showed That There Is Still No Sure Protection Against HIV Infections From Blood Units"]

[Text] The young man had just turned 24 when he became infected with the HIV virus two summers ago. He was neither a drug addict nor a homosexual. From the age of 18 on, he had always had sex with the same girlfriend.

Following a bad motorcycle accident while driving from his parents' ancestral home to the village in which his girlfriend lived, he was admitted to the kreis hospital. An emergency operation and 17 blood transfusions followed—one of which cost him his life.

When the young farmer, infected by the contaminated blood unit, filed a claim against the hospital, the insurance claims adjuster visited him on the farm: It would be best if he would accept the 35,000 German marks [DM] being offered, [he said], since otherwise the fact that he now had AIDS would be made public in the village.

This recorded case from the vicinity of Hannover typifies the suppressed risk and the conspiracy of cheating and cover-ups which hit the public last week like a thunderbolt out of the blue sky and shocked the nation.

Blood units and blood products, the shocked public learned, are not safe even in the second decade of the

deadly AIDS epidemic. But the danger was and is being suppressed, or at least being minimized to an unacceptable degree.

"Unimaginable, the things that are going on here," reported senior physician Dr Burckhard Lietz, a urologist at the St Vincent hospital in Hannover, upon returning from a house call. "People tell me that they only want to be operated on if they can be sure of not contracting AIDS."

It was from Federal Minister of Health Horst Seehofer, the highest German authority in health-related matters, that patients—and doctors—had learned the truth about the real magnitude of the risk. Senior physician Lietz: "I too feel that I have been deceived. Now that the scandal has come out, I must admit that basically I have for years been lying to my patients when they asked me about the risk of AIDS."

At least three of every 10 patients, according to the urologist in Hannover, are now putting off their operations. And to his dismay as a doctor, he adds a personal one: "My daughter Julia had an accident and needed a blood unit." Everything turned out all right, apparently, but it was definitely "an unbelievable feeling not to have the assurance that the blood is OK."

It was with a great deal of aplomb that the punitive measures of the minister descended upon the matted hierarchy of German health officials: Dieter Grossklaus, the head of the Federal Health Office [BGA], and department chief Manfred Steinbach, responsible in the ministry for monitoring the Federal Health Office—were both fired. Disciplinary measures begun against three other high health officials. An urgent meeting of the Bundestag health committee was held.

And by then the minister himself, the undaunted dragonslayer of the German physicians and pharmaceutical lobby (see DER SPIEGEL 37/1993), had begun to come under pressure. Eighty-two percent of German citizens—according to a blitz poll taken by Wickert—wanted to see him stoned (i.e. removed as minister).

After reading a DER SPIEGEL article ("Blood from Drugs-Kiez," 36/1993), the minister had decided to take drastic measures. DER SPIEGEL had reported on the strange conditions prevailing at the plasma center of the Immuno firm near the Hamburg main railroad station, where drug addicts were among the principal permanent donors, and on a futile recall action of possibly HIV-contaminated blood units by the Koblenz-based firm of UB Plasma (the blood preparations had already been administered to the patients).

Ordered by Seehofer to report to him in Bonn, the top officials of the Federal Health Office and representatives of the German Red Cross came up with contradictory and nebulous declarations.

The Federal Health Office officials played down the risk of AIDS posed by blood supplies: This fell into the category of medication side effects, [they claimed,] that should come as no surprise to a minister, "why, things like this happen 100 times a day."

Seehofer got the impression that the officials had not "grasped the explosiveness of the matter."

An abyss of informational deficits opened up before the minister: Neither Federal Health Office head Grossklaus nor department chief Steinbach were aware of the recall action by UB Plasma. The minister's question as to how many cases of HIV-contaminated blood supplies there had been to date could not be answered during the closed conference.

Only after the meeting did people from the Federal Health Office knock on the door to Seehofer's office again and present him with a list of 372 cases—whereby it was still not clear how many of these happened before 1985 and how many since. Seehofer, enraged: "That's when something inside me went 'click'"—heads had to roll.

Only after the decapitation of the Federal Health Office by the minister did the officials in Berlin undertake to break the list of 372 down timewise (Seehofer: "Now they are starting to do this, after 8 years!")

During this process, it was determined that the vast majority of the cases, namely 360, according to the Federal Health Office, dated back to the time before 1 October 1985. It was on this day that HIV testing of donated blood became mandatory.

The risk of contracting an HIV infection from blood units or blood products has by now become "infinitesimally small," Professor Meinrad Koch of the Federal Health Office said in July 1991. There is left, at most, a negligible "residual risk."

One in a million blood units, at most, might be HIV-infected, thus the credo of the guardian of our health. And this is also the way that doctors in the clinics have rated the risk to their patients.

Since the public discussions began during the past week, this Federal Health Office doctrine has been severely shaken. People familiar with the mammoth agency on Thielallee in Berlin are convinced that even the list now submitted is only "the tip of the iceberg," only the incomplete product of careless bookkeeping and inadequate research by the health guardians.

Pharmaceutics expert Ulrich Moebius of Berlin, publisher of the industry-critical publication ARZNEI-TELEGRAMM, goes still further: The Berlin office kept its suspicious cases in shoe boxes and under wraps intentionally to protect the manufacturers of the contaminated blood products.

And it was also gray-haired terrier Moebius, who strikes one as an ascetic, who in the end put the violently flailing minister himself on the spot.

Seehofer, thus Moebius, should not act as if he were only now finding out about the still HIV-contaminated blood units. Moebius cited an urgent alarm-sounding letter that he sent to the minister on 9 November 1992, the receipt of which was confirmed to him by the minister during a telephone call 2 days later.

In the letter, Moebius pointed out that a series of infections caused in the year 1990 by an HIV-contaminated blood preparation of the firm Biotest "could almost surely have been prevented" if the Federal Health Office had bindingly directed that certain "inactivation processes" which kill the viruses in such preparations be taken.

Denounced as the worst offender in the shenanigans going on at the Federal Health Office was the department chief in Bonn, Steinbach, whose casual handling of safety problems "elicited a disbelieving shaking of heads" even among the pharmaceuticals manufacturers.

Steinbach, 60 years old, a former sprint world-record holder and long-jump star, is also not well liked by others, such as athletes, for example. The formerly politically-independent official, who later switched from the SPD [Social Democratic Party of Germany] to the CDU [Christian Democratic Union], had attracted attention as a slave driver in his capacity as manager of the German track and field team at the 1991 world championships in Tokyo, "as human as a piece of wood." Among the athletes, he was considered "unscrupulous, cold, and calculating," and in their opinion he was also a miserable failure in the doping question: All the things that might have been of use as rigorous doping controls were left undone by him. In April, the disliked Steinbach was chased out of the executive committee of the German Track and Field Association.

Moebius sees Steinbach as "the German Garretta"—the German counterpart of the French physician Dr Michel Garretta, at one time the director of the French state-run transfusion center, who is serving a 4-year jail term at the "Sante" jail in Paris.

Garretta was convicted for having been primarily responsible for the disaster whose critical dissection in court shook the French nation to the highest levels of the state, in the same way as the Dreyfus affair once did: Economic considerations, personal ambitions, and a striving for autonomy by the state-run blood donation center, had led to a situation in which French hemophiliacs were knowingly provided with contaminated blood in the years 1984 and 1985. Fifteen hundred French hemophiliacs were infected, more than 300 have already died of the consequences.

While Garretta was on trial, the government in France tottered. Those responsible, at least those in the second row, were punished, and claims of the infected persons for compensation have been provided for by law.

Nothing like this has happened so far in Germany—even though a comparable hemophiliac scandal has also taken place, the worst medication catastrophe in the history of the Federal Republic, even worse than the thalidomide scandal in the 1960's, in which about 5,000 children were born with serious malformations as a result of sleeping pills prescribed to the mothers.

Of the 4,000 hemophiliacs who were being regularly treated with plasma products in the old laender in the years prior to 1985, more than 50 percent were infected with the HIV virus. Four hundred AIDS-infected hemophiliacs have already died, every week another one dies.

In Germany, unlike the situation in France, HIV-contaminated blood preparations were not knowingly distributed. But the carelessness and ignorance with which the blood-clotting preparations (Factor VIII)—most of them imported from the United States—were distributed at that time to hemophiliacs make it impossible to dismiss the hemophiliac tragedy in Germany as an unavoidable accident. The physicians involved in this program at that time could have known better.

But in Germany, the affair encountered an alliance woven in harmony by industry, physicians, and hemophiliac organizations. The sloppiness was covered up, the scandal remained unatoned for.

Only now, with the turmoil surrounding Seehofer and the Federal Health Office, is public attention again being directed to this medical disaster.

With the newly stirred up discussion of the possibility that not only hemophiliacs but all recipients of blood units and blood products run a risk of HIV, the group of HIV-infected hemophiliacs, who until now have remained silent and who have been inadequately represented by their own organizations, is emerging from the shadows again.

In France, where the blood donation system is under state control, the responsibilities were clear. In Germany, while the big wave of HIV-contaminated blood was on the roll, firms were fighting for market shares; all the more stringent should the supervision by the state have become.

The warning systems installed by the state failed in practice, however—not least because they shrank back from the force of the financial interests associated with the big business in blood.

The annual turnover of the blood branch in Germany, which siphons off 4 million blood donations per year, is estimated at between DM500 million and DM1 billion. The blood donation system is dominated by such pharmaceutical giants as Behring, Immuno, Cutter (an American subsidiary of Bayer), and the German Red Cross.

An arcane cartel: Already in 1981, the antitrust agency in Berlin began "investigations of suspected abuse of a market-dominating position" by the four largest suppliers of the Factor VIII concentrates gained from blood—the firms Travenol, Immuno, Cutter, and Behring. The big four, charging "improperly inflated"

prices (according to the antitrust agency), accounted for circa 85 percent of the total sales; the antitrust agency spoke of an "oligopolistic" marketplace in which there was almost no competition left any more.

Nor do some firms of the blood branch of industry shrink back from bribery to sell their plasma products: One of the senior physicians in Bonn had nearly DM2.5 million of bribe money deposited to a Swiss numbered account by the commercial firm Pro Plasma in Cologne; his punishment: 22 months in jail (with probation) and a DM600,000 fine.

The dubious blood firm Pro Plasma had neither a license to trade in medications, nor was the enterprise insured, as is prescribed by law. The firm's name was removed from the register of companies because of a "lack of assets."

In the blood business, care is not written in capital letters everywhere anyway.

Although the Federal Health Office stipulates that high risk groups such as homosexuals, prostitutes, and drug addicts be excluded from donor circles, some plasma shacks prefer to operate their tapping stations in dirty railroad station districts—witness the blood plasma center of the Austrian firm Immuno (sales in 1991: DM224 million) in Hamburg, on which DER SPIEGEL reported.

The enterprise skims off a total of 170,000 liters of donated blood per year in Hamburg and other large cities. Also the firm Seroplas in Dortmund collects its donated blood in the fixer milieu. It is located on Kampstrasse, likewise right next to the railroad station, a playground for junkies.

Arnulf Kaeser, responsible for plasma products at Immuno, sees nothing improper in this: "We have no choice but to go where public traffic is big enough to enable us to get enough plasma." Besides, donors are checked for "needle marks."

At least in the case of drug addict Karlheinz Schmidt, 29, a regular customer at Immuno, the firm's controllers turned a blind eye: even though his arm is marked by drug puncture marks, he was allowed to donate blood 337 times, according to Immuno's donor file.

It was in the 1970's that the economic exploitation of human blood began on a large scale, a fight for every drop of blood, so to speak. At the 28th WHO convention in 1975, a warning was sounded for the first time of the dangers of commercial utilization of donated blood.

The concerns are using veritable mafia methods in their fight for market shares. Especially in the Third World, blood donation centers have been opened in great numbers in countries such as Zaire, Haiti, or Ghana. In some cases, blood desperadoes smuggled blood supplies illegally across the borders.

In Belize in Central America, groups of gangsters forced emaciated natives at gunpoint to donate blood. In Managua, the capital of Nicaragua, the blood donation laboratory was torched in the night of the revolution in 1979 as a symbol of exploitation; within a period of 4 years, the center had exported 250,000 liters of plasma to Europe alone.

The Germans contend—as Professor Reinhard Kurth of the Federal Office for Serums and Vaccines did last Thursday—that no blood products are being imported from Third World countries. There are, however, contacts on blood-related matters with countries of the former East Bloc.

In the Romanian capital of Bucharest, UB Plasma, which recently attracted attention because of its recall action, has been operating a blood collection point for the past 2 years. Next year the mini-enterprise (seven employees) plans to draw blood from up to 5,000 donors. The batches are intended strictly for the "Eastern European market," says UB Plasma manager Ulrich Kleist. No profits have been realized as yet in Romania, "all we've done is invest money."

On German soil, the blood collectors are doing a big business. In Baden-Wuerttemberg alone, the German Red Cross collects 400,000 whole blood donations a year and in this way achieves sales of DM71 million. The primary objective is the extraction of red corpuscles, but circa 95,000 liters of blood plasma are also extracted from the donations.

Lately, the blood collectors of the blood donation service in Baden-Baden have been using unconventional methods to get to the coveted fluid: they throw Dracula parties in discotheques. In a tomb ambience complete with coffins, spider webs, and vampires in disguise, juvenile donors are to be encouraged to give blood.

Manfred Staehle, the managing director of the German Red Cross blood donation service in Baden-Wuerttemberg, feels that "the media deal with the topic in a totally blown up fashion." The risk of receiving an HIV-infected unit of blood is extremely small. Besides: "It is simply a fact—more than 50 percent of the blood units are received by people who are more than 65 years old. They won't even be alive to experience the outbreak of the AIDS ailment, in the event they should become infected during a transfusion."

Only recently did the blood donation service of Baden-Wuerttemberg begin introducing a process for rendering possible HIV contaminations harmless also in so-called fresh plasma (virus inactivation). This fresh blood plasma has posed a particular problem in the past: It will keep for only 6 weeks and must therefore be used up quickly—thus making the risk of a "diagnostic gap" (Staehle) unavoidable.

It can take from 6 weeks to 3 months before the organism of a person infected with the HIV virus has produced antibodies—and it is only these that can be detected with

the commonly used testing methods. The result: Blood from a donor who has become infected only a short time before his blood is drawn could take the test and pass it.

And it was for this reason that UB Plasma recently decided on a hasty recall action. There was reason to fear that HIV-tainted plasma had been delivered to southern German hospitals, among them the kreis hospital in Burglengenfeld. The donor, who came back to the laboratory later to donate more blood, was found to be HIV-positive (but erroneously, as it turned out later).

To this day, it has not been possible to close this safety gap in blood products satisfactorily. But the fact that so many hemophiliacs were subjected to such a massive flood of the AIDS virus in those fateful years of 1983 and 1984—for this there can also be no excuse in retrospect.

Already in June 1983, attention was called in Germany (DER SPIEGEL 23/1983, "Deadly AIDS Epidemic"), on the basis of actual case histories, to the danger that AIDS posed to hemophiliacs.

Despite this, in Germany, as in France, it took another 2 years and 4 months before the HIV-tainted preparations were finally no longer permitted to be brought into circulation.

Nowhere was there an official recall action with the help of the conspicuous "red-hand-letters," such as are sent to physicians, clinics, and pharmacies. Since blood plasma is stored for a long time (up to two years), it can be assumed that hemophiliacs were still being infected with contaminated Factor VIII preparations as late as 1986 and 1987—5 years after the problem had been identified.

Also to blame for this was a grotesque false assessment of the new disease by numerous influential doctors in the Federal Republic—and by the responsible politicians.

Thus, for example, in January 1987, then Health Minister Rita Suessmuth wrote in the information leaflets of the German Hemophiliac Society about "the appearance" of HIV viruses "in the blood products," adding that, through appropriate measures of the Federal Health Office, the danger had been "quickly mastered technologically." To this day, all those responsible have stuck to this untrue assertion.

The long delay period will cost thousands of people their lives, especially hemophiliacs who were infected between 1983 and 1985 and will now die in the 1990's.

It was only under the pressure of ever new infection cases and deaths that the Bonn-based overseer of the Federal Health Office, Steinbach, decided on more stringent safety requirements. Only from July 1987 on were the manufacturers of blood products required to employ virus depletion processes. Since then they have had to utilize specific methods to remove HIV viruses from the blood pools consisting of many thousands of intermingled individual donations (see boxed item below).

None of the methods commonly being used today offers complete safety. The purification techniques can be undone by virus nests in the preparation (the viruses form clumps at one spot), but also as a result of defective heating ovens or subsequent contamination of the blood products.

The method that turned out to be particularly inadequate was cold sterilization. This chemical process, in which the viruses are killed by toxic substances, works only if the exact dose is added and the procedure is followed precisely. Despite this fact, the Federal Health Office has to this day left it up to the manufacturers to select their inactivation processes as they see fit. This lax attitude and the freedom of choice between allegedly equally effective inactivation techniques have even caused irritation in the pharmaceutical branch.

The reason for the reticence practiced by the Federal Health Office is clear. All the inactivation processes harm the preparation. In the heat sterilization process, for example, about a third of the protein enzymes contained in the blood are killed. This, the industry argues, will result in an "undersupply" of the population with plasma and blood preparations.

A specious argument: The interest that the manufacturers have in producing as many preparations as possible triumphs over safety considerations.

It is with the same motive in mind that the blood producers, among them the German Red Cross, are more or less deliberately opposing the introduction by the hospitals of their patients' self-donated blood units: In this way, patients whose operations could be scheduled in advance could reduce their HIV risk to zero.

In part by creating uncertainty among the doctors ("it could be dangerous"), who normally know very little about transfusion medicine, and in part by confusing the senior physicians, who are unfamiliar with bureaucratic requirements, the German Red Cross and the private blood banks are trying to rouse up sentiment against the "autologous blood transfusion."

Also in the years since 1985, the serious gaps in the blood donation system have led to an inestimable number of infections. Especially PPSB, a multifactor cocktail, which is given after surgery, but also to accident victims and women suffering miscarriages, became an injection of death for many hospital patients.

There was a veritable spate of infections in April 1990. At that time, the Biotest firm marketed a huge batch (number 1601089) of PPSB preparations. The charge consisting of at least 2,000 bottles was distributed throughout all of Germany. The material had only been cold-sterilized.

One main portion, 400 bottles, had been ordered by the head of the hemophiliac outpatient clinic in Bonn,

Hans-Hermann Brackmann. Six of his patients were HIV positive following the administering of the Biotest medications.

Brackmann immediately reported the cases to the Federal Health Office. At almost the same time, another person became infected in Goettingen; he too had come into contact with Batch 1601089. At the university clinic in Frankfurt, no less than three persons were infected with the HIV virus from the Biotest bottles: a man who had had major liver surgery, a hemophiliac child, and a young girl who had been brought to the clinic with serious injuries following a bicycle accident.

These ten cases that we know about probably do not tell the whole horrible story. Brackmann: "I assume that there were a large number of unreported cases." That is also true for other suppliers and batches. Pharma-critic Moebius assumes "up to 2,800 cases" of HIV infections which never became a matter of record because the source of the infection could not be determined.

Attorney Karl-Hermann Schulte-Hillen of Siegen knows how laborious such a search for clues can be. For years, he was engaged at extracting damages on behalf of clients who had become infected with the HIV virus through a contaminated PPSB dose. "Tracing it back to the cause of the AIDS disease," the attorney says, "is like playing detective."

One of the most difficult cases was worked on by Schulte-Hillen in 1988. A young man wrote to him that his mother had died of AIDS, and that he would like the attorney to shed light on the inexplicable sequence of events [leading up to her death].

Schulte-Hillen learned that the woman had undergone major surgery at a clinic in Baden-Wuerttemberg. The doctors claimed that no PPSB had been administered during the operation.

It was a lady friend of the deceased woman who put the attorney on the right track. On the day of the operation, the woman had said to her: "You know, the doctors told me that I'm going to get a really expensive injection today. It costs DM500."

The half-liter bottles offered by a PPSB manufacturer cost exactly DM500. Once again, the attorney questioned the treating physician, until he finally came out with his private notes on the operation. The suspicion was confirmed: The woman had been infected by a clotting preparation.

Schulte-Hillen has meanwhile pursued a total of 15 cases of PPSB infections. Among his clients are a woman from the Siegerland, who was given "Behring PPSB" following strong hemorrhaging after giving birth, and a man who was infected after a quadruple-bypass operation.

Also a tragic case was Schulte-Hillen's client Elke Mehl (name changed to protect her identity). In late 1983, she gave birth to a child. The massive hemorrhaging afterwards had been brought under control with PPSB made by Behring. Four years later, with another child on the way, the woman took an HIV test which turned out positive. Out of fear that the child might likewise be infected, the woman had an abortion. She has died in the meantime.

The fact that cases such as this can continue to occur—not even all the assuaging attempts by the Federal Health Office can dispel this concern. Eight years after the introduction of the HIV tests in dealing with blood units and blood products, the risk of infection in the German blood donation system has not been entirely averted:

—The Federal Health Office does not stipulate any pooling limitations—producers can continue to blend up to 70,000 individual donations into a single batch; even if there is only one HIV-infected donor among them, the whole batch is contaminated.

—Blood donation centers are not checked with a view to determining whether risk carriers, e.g. fixers, are among their regular donors.

—To this day, the demand has not been met that donated plasma be kept refrigerated for six months until the donor has been found through renewed testing to be HIV-negative, a method by which the "diagnostic window" would be closed.

It is the multinational pharmaceutical firms that are stonewalling this "quarantine storage" idea: The storage costs would go up, expensive refrigeration equipment would have to be acquired. In addition, nearly every third donor only shows up sporadically to be connected to the tube. If he does not come back for another donation, his already donated blood would have to be destroyed.

Minister Seehofer has now announced the introduction at the end of the year of a quarantine for blood products in which the virus cannot be inactivated. In addition, a national self-sufficiency in blood donations is to be sought to avoid high-risk imports.

The big row which Seehofer started last week with his apparatus of officials provides an opportunity for finally eliminating the safety shortcomings in the blood donation system.

The minister ("Things like that take us no time at all") plans to name a new head of the Federal Health Office still this week. The "numbers salad" (Seehofer), by means of which the Federal Health Office officials further reduced their list of 372 at the end of the week (only seven cases of HIV infections remained for the post-1985 period), apparently did not convince the minister.

His own resignation was ruled out at the end of last week by Seehofer, who has held his office since May 1992 and is admired in the CDU/CSU [Christian Social Union] caucus as a man with a future. He does not plan to attribute "personal mistakes" to himself in the affair surrounding the Federal Health Office list.

On Wednesday, he met the press, pale with anger, and made his announcement on the personnel changes. On Friday, he left the scene in Bonn, pale with exhaustion.

The courageous fighting spirit that the health reformer has thus far shown gave way as a result of all the disputes of the past week to "a profound sadness."

Overtired by lengthy nocturnal meetings with his health officials, and frustrated by the lethargy in the offices under his control, the Bavarian complained: "Every hour, I am experiencing a political Stalingrad, so to speak."

[Box, pp 26-27]

Warning About New Year's Eve—Bondage to Industry and Incompetence at the Health Agency in Berlin

During the time that Chancellor Kohl has ruled the republic, five health ministers have helped him in his task—and for every one of them the Federal Health Office was like a millstone around the neck. The Berlin-based "Federal superagency" is growing inexorably, is producing one scandal after the other, in most cases has catapulted its presidents out of their leather chairs before their terms were up, and is a constant threat to the responsible minister's exalted office.

When he took office in 1985, Dieter Grossklaus, who was booted out of his job as Federal Health Office president last Wednesday, wanted to reactivate the "guardian function" of his agency and finally get the office "out of the headlines"—but he succeeded in doing none of these things.

For eight years, Grossklaus, a veterinarian by profession, but who considered himself to be a "health scientist," ruled the Federal Health Office. During this time, the number of employees grew from 1,700 to 3,087 and the budget to nearly DM300 million. Bureaucracy, incompetence, and bondage to industry grew accordingly.

The cancer-causing risk posed by asbestos was made light of by the office. During a hearing held in Bonn on the asbestos risk in the early 1980's, the Federal Health Office came up with the surprising estimate that the "general risk to the population" of contracting lung cancer from asbestos was no higher than that posed by smoking "two cigarettes" a day.

An asbestos report submitted already in 1980 by the Berlin Federal Environmental Office was thereupon discussed anew. For its asbestos tests, the Federal Health Office had borrowed, at no cost, an electron microscope worth circa DM700,000 from the asbestos industry. Additional "allocations of tangibles" (golf-ball typewriter, video equipment) were made available to the Federal Health Office institute by the asbestos company Eternit via a "promotional organization." It will now not be until the year 1994, 14 years after the first warning by the Federal Environmental Office, that the total ban on the use of asbestos in roofing panels, brake linings, and construction materials takes effect.

Also in their assessment of the wood-protecting chemical pentachlorphenol, Federal Health Office officials were "buddy-buddy" with the manufacturers. According to investigations made by the prosecuting attorney's office, a Federal Health Office study on "interior air contamination of habitable rooms" was supported by the chemical firm Desowag in Duesseldorf to the tune of DM400,000. During the expertise controversy on the effect of the wood poison, a committee of experts from the Federal Health Office concluded that proof that ailments were caused by the chemical "does not exist."

Instead, the health guardians of the Federal Health Office warned the populace against the noise of motorcycles, advised mothers to breast-feed their babies, commended nonsmokers, and before last New Year's Eve came out with the news that fireworks could be detrimental to hearing.

Tirelessly, the "travel-happy" Grossklaus (who was called "Gruessklaus" within the office [a play on words, literally "greeting Klaus"]) established contacts throughout the world, in Geneva, Paris, and the United States. There's a tradition for that. Grossklaus' predecessor Karl Ueberla ("Karlchen everywhere" [again, a play on words, "Ueberla" sounding very much like "ueberall," or "everywhere"]), was likewise only a Tuesday-Wednesday-Thursday president, who liked additional posts, additional incomes, and the chic B-3 license plate on his official car. The consultative contracts proved to be his undoing.

Veterinarian Grossklaus had no intention of letting himself be caught that easily. Upon taking office, he quietly terminated the consultant gang, who linked him to "branch operators of meat trade firms." Also from that time on, Lufthansa airline was no longer given an—ample—extra tip for in-flight food and drink.

The evils of consultative contracts, additional jobs, and running up expense accounts could not be changed by Grossklaus. Although they are officially obligated to protect the health, the environment, and the consumer, and are therefore actually adversaries of the profit-oriented producers of medications, gene-tomatoes, or asbestos insulations, the watchdog officials—who by now number a thousand—are again and again fascinated by the "big money" of industry.

They want to share in this big money, while at the same time hanging on to their status as officials: Gentlemen of the Federal Health Office, acting as private entrepreneurs, organized seminars for the pharmaceutical industry, and, in return for lavish fees, they revealed there how clever pill producers can work their way through the "approval logjam" of the Federal Health Office (which these selfsame gentlemen created). One bows and scrapes, and dines—the only thing one does not do is serve.

Morale within the Federal superagency is viewed as rotten. Insiders in Bonn are divided as to whether the honor of wearing the crown of incompetence should go

to the Federal Intelligence Service [BND], to the Federal Office for the Protection of the Constitution in Cologne, or to the Federal Health Office in Berlin. For the responsible ministers, these three agencies represent constant explosive charges underneath their respective cabinet chairs.

When HIV and AIDS made their entry into Germany, scientist Johanna L'age-Stehr of the Federal Health Office realized the magnitude of the danger in late 1982. Her warnings against contaminated blood products from the United States, against taking a laissez-faire approach in combating AIDS, against the risk that tens of thousands of unsuspecting persons would become infected with a deadly disease—all these warnings have turned out to be true.

But neither the Minister of Health at that time, Heiner Geissler, nor his successor Rita Suessmuth, wanted to hear that. The directorate of the Federal Health Office slapped a muzzle on Professor L'age-Stehr. She is not permitted to do AIDS-related research nor may she make any further public statements about AIDS. The working area that she has now been assigned is yellow fever (which does not even exist in Germany).

Under the lenient pro-manufacturer direction of the Federal Health Office, the number of medications being offered for sale in Germany has multiplied since the agency was founded in 1952. They now number around 140,000, the exact number is unknown; WHO considers 300 medications as adequate.

The huge flood of medications costs 5,600 to 8,800 Germans their lives each year, and 80,000 to 120,000 suffer from significant health problems because of them. These figures were made public by former Federal Health Office Professor Peter Schoenhoefer; he is no longer in office, he was asked to leave.

Against this background, the casual handling of AIDS and HIV data by the Federal Health Office since 1983 comes as no surprise. The most dangerous infectious disease existing in the country is controlled only through voluntary reporting (while cases of influenza, glanders, and whooping cough are required to be reported). On top of all this, as is apparent now, the data thus collected then disappears forever into dark desk drawers, be it in Berlin or in Bonn.

Minister Seehofer now plans to regenerate the Federal Health Office, both personnelwise and organizationally. This will most likely be a never-ending task, for the first and last significant employee died in 1910. He was Robert Koch, worked from 1880 on for the Imperial Health Office, the predecessor organization of the Federal Health Office, and for his entire life received the salary of a senior civil servant, no more.

Among his other accomplishments, Robert Koch discovered the causative agents for anthrax, tuberculosis, and cholera. In 1905, the modest man was honored with the Nobel Prize for medicine. [Box, p 28]

Punishment Instead of Charity—Hemophiliacs Demand Payment of Damages by Doctors, Industry, and the State

Who is to blame for the catastrophe? The doctor because he prescribed death, the pharmaceutical industry because it sold death, or the state because it tolerated death?

When the number of hemophiliacs with AIDS began to rise in 1986, the insurance companies saw huge compensation payments coming their way: Every infected patient is entitled to compensation of up to DM500,000. Added to this are possibly even higher payments of damages for pain and suffering.

But the insurance companies were to get away more cheaply. The perniciousness of AIDS was to come to their rescue.

Doomed persons do not institute legal proceedings—this the industry was quick to learn. What AIDS sufferer would want to spoil the end of his life with lawsuits, after all?

Those not scared off by this were afraid of having their cases dragged out into the open. They feared that, if that happened, they would be treated like lepers.

Extortion did the rest: In the event one of the sick persons should institute legal proceedings, the industry threatened to break off negotiations with all other patients until the court had arrived at a decision.

Thus, many hemophiliacs were thankful when the German Hemophiliac Society reached an out-of-court settlement in February 1988 with the insurance companies of the pharmaceutical industry: Every HIV-infected hemophiliac was to negotiate a compensation sum on his own. Condition: In one clause of the agreement, he obligates himself to "renounce all further claims."

This agreement cost the industry DM120 million. Settlements were reached with 1,300 hemophiliacs, many of them for no more than DM40,000. One family was even paid as little as DM20,000 for the death of their 9-year-old child.

But now the first patients are beginning to put up a fight. Instead of voluntary alms, they are demanding the payment of damages for pain and suffering by doctors, the industry, and the state.

At the Higher Regional Court in Cologne, a hemophiliac is suing physician Dr Hans-Hermann Brackmann for damages. In Heidelberg, a patient plans to file a claim against the firm Immuno. And the chairman of the German Hemophiliac Common Interest Group, Wilfried Breuer, is demanding the payment of damages by the German state.

A first, albeit pitiful, step in this direction has already been taken by Minister Seehofer. He plans to set up a

fund of DM10 million for infected hemophiliacs: the approximately 2,000 infected persons would thus get about DM5,000 each.

[Box, p 28]

Pure Blood Units? Methods Used for Rendering Blood Products Safe.

During the 1980's, doctors developed various techniques for the "virus depletion" of blood preparations. None of the processes assures complete safety. The processes must kill the viruses and at the same time preserve the activity of the clotting factors. Processes utilized are as follows:

Dry Heat: Utilized by Behring, UB Plasma Laboratory. The manufacturers heat the products in an oven. The heating process can last 30 minutes at 100 degrees Celsius or ten hours at 60 degrees Celsius.

Cold Sterilization. Utilized by Biotest. The preparations are vaccinated with betapropriolacton, a substance that attacks the genetic makeup of the virus in combination with UV light.

Methylene Blue Process (only for blood plasma). Utilized by the German Red Cross. The plasma is mixed with light-storing methylene blue, which emits UV light in the preparation and destroys the virus RNS. This process is seen as not very reliable.

Fluid Heat. Utilized by Immuno (Vienna). The virus depletion by means of hot steam is accompanied by the melting of the nucleic acid in the virus. If the minimum temperature of 60 degrees is not maintained long enough, the germ may recuperate.

[Box, pp 30-31]

Decried as Panic Mongers—The Failed AIDS Policy in the Health Agency in Hamburg

The almost negligent attitude with which many German health agencies reacted in the mid-1980's to the approaching AIDS catastrophe is illustrated by the Free and Hanseatic City of Hamburg.

The health agency in that city squandered the chance for an early AIDS test and obstructed doctors who were doing something against the contamination of donated blood with the HIV virus in a way which those directly affected, such as transfusion specialist Professor Hans Hermann Hoppe of Hamburg, describe as "mind terror."

Tirelessly, the then chief of the State Central Institute for Transfusion Medicine, which supplies many hospitals in the Hanseatic city with blood units, had warned of the danger of HIV-tainted blood products. Even before 1983, he accepted only those donors at his institute who, by putting their signature on a rigorously worded instruction sheet, certified that they did not belong to any risk group.

This, however, did not please the then-Health Senator Christine Maring, and least of all her Senate director Dr Peter Lippert, the gray eminence of Hamburg's health agency. The two of them instructed Hoppe to desist from the signature method, which in their eyes was discriminatory, and forced on him a new, nebulously worded AIDS leaflet, which read, among other things: "Much that is disseminated about this disease is sensationalism and far removed from actual facts."

It did not take long for Hoppe's fear, viz. that the half-hearted tone of the leaflet was not suited to prevent HIV-infected persons from donating blood, to be confirmed. When he determined, in sufficient time, fortunately, that he suddenly had two HIV-infected persons among his donors, he returned on his own responsibility to the proven signature method.

He was promptly threatened with disciplinary measures and decried as a "panic monger." "Incredible how the two of them conducted themselves," recalls Hoppe, who resignedly left the institute in 1988. There had not been a single case of HIV transmission during his tenure there.

On the other hand, the way the health agency in Hamburg acted vis-a-vis the Tropics Institute in Hamburg did have serious consequences. Already in October 1984, six months before the commercial availability of other tests, this institute's researchers had developed a simple and reliable HIV test.

But the health agency refused to utilize this test, which is still being used today as the immunofluorescence test. "Every patient who became infected with the HIV virus from a Hamburg blood product during these six months can blame it on the health agency," a transfusion specialist in Hamburg, who knows personally of seven such cases, confirms. The number of undetected infections is estimated by him at "two or three times as high."

When the transfusion-medical department of the university hospital in Eppendorf began to examine its blood donors in 1985, it turned out that eleven of them were HIV-positive. "I have to assume that there are circa 150 recipients of blood to whom the infection has probably been transmitted," the clinic's director, Professor Karl-Heinz Hoelzer, thereupon wrote to former Federal Health Office employee Lippert.

But instead of looking first for the endangered patients, Hoelzer first checked with the health agency on how he should conduct himself and asked that a decision be made as to "whether and, if applicable, how these blood recipients are to be approached"—which is indicative of the atmosphere which licensed physician Lippert created with his AIDS policy in the city-state of Hamburg.

Lippert did agree, to be sure, that the recipients of the HIV-tainted blood be determined. A public warning to all blood recipients, which would have been the fastest method, was not contemplated by him—with the result that unsuspecting HIV-infected persons were able to transmit the virus to their partners.

This is what happened to a female patient who had been given a transfusion with HIV-tainted blood. Although this was known from April 1985 on, the woman's family doctor was not notified until 11 months after the laboratory finding was made. By that time the woman had already infected her husband.

The man, who sued for compensation, was chased mercilessly through all the courts, for which no speculation was too far out in the process. It was conceivable, they argued, that the man had "infected himself through sexual intercourse and passed the infection on to his wife already before her transfusion."

The Federal High Court sentenced Hamburg to pay compensation for damages and expressed outrage over the local AIDS policy.

This policy, thus the court opinion, had not made a sufficient effort to bar homosexuals and drug addicts from donating blood. Instead, the leaflet had, "if anything, glossed over the issue," and had not been the suitable vehicle for making clear to "the blood donors the magnitude of the danger and the degree of their own responsibility."

[Box, p 32]

"Light in the Tunnel"—A DER SPIEGEL Interview With Health Minister Horst Seehofer on the AIDS Scandal in Bonn.

[DER SPIEGEL] For just under 10 years, there has been an AIDS hemophiliac scandal in Germany. All the facts have long since become known, but only after you have dismissed officials does the nation get excited. Why only now?

[Seehofer] I assume that the general public is upset about the same thing that I am, namely, the lack of sensitivity in the Federal Health Office for these tragic cases.

[DER SPIEGEL] In France, the doctors responsible for the hemophiliac scandal were tried in court and convicted. No prosecuting attorney has begun any investigations as yet in Germany. The doctors who made millions with the blood units got off scot-free

[Seehofer] The situation was different in France. There, it is the state that is responsible for dispensing blood products. For that reason, it was easier to find the guilty parties. In Germany, you can institute civil or criminal proceedings against persons involved only if you have enough material that can stand up and be accepted in court.

[DER SPIEGEL] Is that so difficult?

[Seehofer] If you take the question of testing methods, for example—despite the fully developed tests, it is entirely possible, even today, for two different testers to come up with different results. How are you going to prove one or the other guilty?

[DER SPIEGEL] To improve the protection of the hemophiliacs, wouldn't it make sense for the state to oversee the production of the blood batches?

[Seehofer] The whole process is under state control as it is. The production is either done by state or local-government blood donor services, or it takes place under state supervision in charitable and private blood donor services.

[DER SPIEGEL] Do you plan to prohibit the import of blood plasma and blood from high risk areas such as Latin America, from which large amounts of plasma are being imported to Germany?

[Seehofer] If my memory serves me right, 90 percent of the blood that we import comes from America. Last week, I spoke to an official from Hessen who conducts these inspections in America. This official told me that the Americans have safety requirements that are comparable to those in the FRG.

[DER SPIEGEL] On the one hand, you want to limit the import possibilities, and on the other you want to quarantine blood donations for a half year in the future. Could this result in bottlenecks in the blood unit supply?

[Seehofer] A self-sufficiency within one's own country surely makes particular sense. But getting to this state can only be done gradually.

[DER SPIEGEL] And if you want to promote self-sufficiency, you are confronted with a new risk. Already now, people want to donate blood because they get DM50 for it. We need four million donations a year. Does every donation have to be taken?

[Seehofer] No. Risk groups are already excluded from giving blood by the blood donation guidelines.

[DER SPIEGEL] There are a number of cases on record where fixers were allowed to give blood.

[Seehofer] Let's not forget that there is also the responsibility of the doctor who is present while the blood is being taken, who carries out a reasonably thorough examination, and who looks the person over.

[DER SPIEGEL] No stop to the payments, in other words?

[Seehofer] I think that an allowance for expenses incurred should be possible.

[DER SPIEGEL] The hemophiliac scandal was left to simmer for 10 years in Germany. Does it not symbolize a failure of all the warning and control systems?

[Seehofer] I think it is a coincidence of many factors. In the early 1980's, the state of knowledge about HIV and its transmission paths was completely different. And then the gradual development of tests, of inactivation processes. All these things developed as processes. If you

read about it today, it is easy, given today's state of knowledge, to draw conclusions as to what might have been done in 1983.

[DER SPIEGEL] The Federal Health Office strikes us as a perfect example of too little control by the parliament. Any number of scandals, closely knit links to industry, lucrative side jobs, and squandered millions for research.

[Seehofer] There are now naturally many blanket accusations. As far as corruption and venality are concerned, I would like to say, on behalf of the employees of the Federal Health Office, that we should be somewhat careful [in what we say] as long as these charges cannot be proved. It is terribly difficult—as I have learned during the past few days—to bring a little light into the tunnel.

[DER SPIEGEL] Is the Federal Health Office still capable of being reformed?

[Seehofer] I admit that more efficiency and an organizational reform are truly needed there. As president, we must now find a real manager, one who does not always reply: We were not asked to do this. Or: You didn't tell us to do this. Or: We had no way of knowing that you were interested in that.

Table Shows Number of AIDS Cases Decreasing

94WE0054C Halle MITTELDEUTSCHE ZEITUNG in German 7 Oct 93 p 2

[Excerpt]

AIDS in Germany

Year	Newly Infected Cases	New AIDS Cases	Deceased
1987	9,076	1,091	727
1988	8,487	1,373	887
1989	6,938	1,668	1,041
1990	6,432	1,495	819
1991	6,506	1,545	658
1992	5,971	1,286	312
1993 (1st quarter only)	734	130	14

Note: 1987-1990 figures include old laender only

Source: Federal Health Office

Number of AIDS Cases Among Poor To Increase

93WE0014B Berlin BERLINER ZEITUNG in German 23 Sep 93 p 3

[Article by Birgit Ulrich: "Increasingly, AIDS Strikes the Poor—Number of Infections Among Principal Risk Group Declining; But No Reason to Let Guard Down"]

[Text] For the past 10 years Deutsche AIDS-Hilfe (DAH) [German AIDS Foundation] has been providing information, advice, and care both to those infected with the AIDS virus and those suffering from the disease itself. Thanks to the efforts of more than 5,000 volunteers and a regular staff of some 500 the number of new infections among male homosexuals, the main group at risk, has been declining.

As in the past, homosexuals and drug addicts in Germany are the worst affected by the deadly immune deficiency disease. On its 10th anniversary DAH notes, however, that in the future AIDS will become more prevalent among the population groups living on the fringes of society and that the disease will push those affected by it even further into social limbo.

Outsiders Hardly Come to Information Centers

"As a result, it will be more difficult in the years ahead to get to those affected and those at risk," says Guido Vael, a member of the DAH board. Up to now, he adds, HIV positives and those suffering from AIDS came to the centers on their own for the most part: particularly male homosexuals who own up to their homosexuality and wish to obtain information and commit themselves to the cause. In the future, however, greater efforts will have to be made to approach people who are at great risk of becoming infected.

As a result of the planned welfare cuts the number of those living below the poverty line without a home and without family ties will increase sharply, Vael believes. Due to prostitution and drug abuse these people are at great risk of becoming infected with the AIDS virus. Even if they wanted to, they would hardly be able to live in a health conscious way. Information material and offers for advice from AIDS support groups hardly reach these social strata. Streetworkers would be in a better position to help, Vael says, adding that pilot projects along these lines have already been launched in various large cities. The aim is to reach male prostitutes and men who engage in occasional homosexual contact.

But, says DAH spokesman Michael Lenz, budget cuts in the medium term may make it difficult to carry out the necessary shift of emphasis. Since 1991 the federal budget has provided 7 million German marks (DM) annually to the countrywide umbrella organization under which 127 regional groups operate. These funds are to be cut by about one-half as of 1995. The laender and municipalities will already institute cuts next year, Lenz says. In Berlin, for example, where about one-fifth of all German AIDS patients live plans are to cut the existing 18 information centers down to six.

Not Enough Staff on Local Level

Susanne Teichmann of the Berlin advisory committee fears that drug users and prostitutes in particular may be deprived of the information and advice activities undertaken by DAH. These HIV positives and AIDS patients would more likely go to the centers in their own district

han to the somewhat more private centers operated by DAH. There is simply not enough staff to deal with those in need of help on the local level.

On the occasion of its 10th anniversary, however, Vael says that DAH can point to a positive record, citing above all the lowest infection rate in all of Europe of 2,000 new cases annually. DAH has also succeeded in getting policymakers to reverse the trend to assign blame to HIV positives and exclude them from society. For the most part, the population demonstrates solidarity and offers help to those affected by the deadly disease, Vael says.

According to DAH, of the 60,000 citizens of the German Federal Republic infected with the HIV virus and the more than 10,000 suffering from AIDS, 80-85 percent are men, most of them homosexuals. Twenty percent of those infected with the virus are drug addicts. Almost 50 percent of the women who have tested positive for the HIV virus are drug users.

Although the horror scenario which predicted the spread of AIDS in the early eighties has not become reality, it is not possible as yet to call off the fight, Vael says, pointing out that the disease remains incurable.

UNPFA Director on AIDS, Population Growth

94WE0014A Berlin DIE TAGESZEITUNG in German 1 Oct 93 p 10

[Interview with Nafis Sadik, a Pakistani physician and director of the UNPFA in New York since 1987, by Michael Sontheimer in Berlin; date not given: "Utterly Cynical and Wrong"]

[Text] **Sontheimer:** Ms Sadik, you have come to Berlin to participate in the international roundtable on "AIDS, Family Planning, and Population." What is the connection between these three themes in your view?

Sadik: I am always confronted with the proposition that AIDS will soon put the brakes on all too rapid population growth in the Third World which is so harmful to the environment as well as social and economic development and that there is no longer an urgent need to deal with the right to family planning. This proposition is not just irresponsible and utterly cynical; it is also wrong. There are regions in Uganda and other countries which are severely affected by AIDS where the population is actually declining. But even Uganda, taken as a whole, will have a substantially larger population in the year 2000 than today.

Sontheimer: Are the victims which fall prey to AIDS merely a drop in the ocean?

Sadik: At present, some 14 million people are infected with the AIDS virus. In the absence of adequate countermeasures that number could increase to 40 million by the year 2000; but given global population growth, we are dealing with entirely different numbers. The number of people by which the world population keeps growing in just 2 months is larger than the number of those who will die of AIDS in the nineties.

Sontheimer: Within the UN system it is the World Health Organization, WHO, that is responsible for the fight against AIDS. Is the agency you head, i.e. the United Nations Fund for Population Activities, UNPFA, now getting involved in this issue as well?

Sadik: The primary reponsibility lies with WHO of course and it is playing the decisive role. But if we train people in the Third World how to provide information on the way contraceptives work to others, then these fieldworkers can also speak about the dangers of AIDS. The family planning programs are the natural place for an information campaign about AIDS because they not only provide information but also condoms. In other words, we have expanded the information material with which our people work with material generated by WHO.

The interesting thing is that in providing information on AIDS we run into problems with conservative governments similar to those we previously encountered in the implementation of family planning programs. For example, when we propagate condoms, it is said that we are promoting promiscuity or sex among young people—although these phenomena exist anyway and we are merely trying to convince people to protect themselves.

Sontheimer: Financially speaking, UNPFA has never had enough money and could never do enough even in family planning. Has the need to combat AIDS added new tasks to your agency?

Sadik: The financial needs are not a problem because, in a sense, we have just added AIDS prevention to our efforts—and whether someone uses a condom to avoid an unwanted pregnancy or to keep from getting AIDS, it still remains the same condom. We are spending more money on research to obtain more accurate information about the demographic consequences of AIDS. And we are spending more money as well on contraceptive technology, to develop new contraceptives which also protect against the virus.

Sontheimer: In deference to his moral majority the Reagan administration cut its support for UNPFA. Clinton has now revised this fundamentalist policy.

Sadik: Thanks to the policy shift of the Clinton administration we received $14.5 million in 1993 and Congress just approved $40 million for 1994. We originally hoped to get $50 million because it was said initially that the United States wished to become the largest donor—a position presently held by Japan with $46 million. Next year, we will have a total budget of $280 to $290 million. I was hoping to raise that to one-half billion in 1995 and 1 billion in the year 2000 but I do not think I will make it. According to our estimates it will cost $9 billion around the turn of the century to provide all people in

the developing countries who are interested in family planning with the necessary information and with contraceptives.

Sontheimer: In order to get all these funds you will have to convince the governments of the world of the fact that overly rapid population growth really is a central global problem.

Sadik: That's right—and many governments are too lazy to shift their financial priorities. I hope that the international conference on population and development in Cairo next September will give a new impetus to taking the population problem more seriously. At present, 1.3 percent of development aid is spent on population projects. If it were 3 or 4 percent, that would be a lot better.

Sontheimer: The Cairo conference will be comparable to the big world environment conference in Rio.

Sadik: I hope it will bring better results. Rio created a lot of attention but financially it did not achieve much.

Sontheimer: What is the status of the preparations for the Cairo conference?

Sadik: Things are moving right along. We had a second preparatory conference in New York last May which was attended by government officials and representatives of 400 nongovernmental organizations [NGO] worldwide. There was a great deal of consensus. Next, the UN General Assembly will debate the issue and this will be followed by a final preparatory conference next April. At previous world population conferences in Bucharest in 1974 and in Mexico City in 1984 sharp confrontations took place between advocates and opponents of family planning. That is a thing of the past. At the preparatory conference many NGOs submitted excellent contributions and proposals; in particular women's groups, women from the Third World who spoke of the need of family planning, especially for women. As is well known, there are controversies among women about certain contraceptives such as Norplant and injections. But the women of the Third World are now speaking out on their own behalf and are no longer being led by anyone. That pleases me greatly.

IRELAND

AIDS Cases Rise by 13.3 Percent Since January

94WE0007A Dublin IRISH INDEPENDENT in English 14 Aug 93 p 3

[Article by Paula McMahon: "Five AIDS Cases in Last Six Weeks"]

[Text] Five new cases of AIDS infection have been reported to the Department of Health in the past 6 weeks.

But no further deaths have occurred from the disease since the previous statistics were announced on June 30.

Meanwhile 14 new cases of HIV infection have been discovered following tests for the antibodies, according to figures released by Health Minister Brendan Howlin yesterday.

Three of the new AIDS cases occurred in intravenous drug abusers and the cause of the other two cases was undetermined.

It brings the total number of AIDS cases in the Republic to 349—a 13.3pc rise in number of cases reported since the beginning of the year.

A total of 158 people, or 45pc of the cases, have died, with 21 deaths reported so far this year.

Intravenous drug abusers continue to account for the largest number of AIDS cases—representing 150 (43pc) of the total—while homosexuals and bisexuals made up 116 (33pc).

Just over one-in-52 of people who underwent HIV tests were found to be infected with the virus. A total 72,575 tests for the antibodies were undertaken up to the end of June 1993 and 1,389 proved positive.

Department statistics show intravenous drug abusers account for 51pc of the total number of HIV cases, with homosexuals representing 18pc and heterosexuals 13pc.

Up to July 31 this year 14 haemophiliacs had died, out of a total of 22 infected with AIDS.

Six babies born to intravenous drug abusers died out of a total of eight infected infants, while only one baby born to a heterosexual mother was reported to have AIDS in the same period.

A total of 60 AIDS deaths occurred in IV drug abusers, 51 deaths in homosexuals and bisexuals and 16 among heterosexuals.

The source of infection for five AIDS deaths and eight cases of the disease was undetermined.

SPAIN

'Big Increase' in Number of AIDS Patients in 1993

LD1110105393 Madrid RNE-1 Radio Network in Spanish 0700 GMT 11 Oct 93

[Excerpts] Our country spends 50 billion pesetas a year on caring for the over 20,000 registered AIDS patients. In addition we have between 100,000 and 150,000 people who are seropositive, which puts us at the top of the league table in Europe in this negative statistic. According to the latest data, the illness is gaining ground among women infected via heterosexual relations. Jose Maria Catalan gives us the figures:

[Catalan] Information and prevention remain the only weapons against AIDS. This year, 1993, is turning out to be a year showing a big increase in the number of patients—over 20,000 in Spain since the illness appeared—most of them intravenous heroin users, but with a bigger increase in women infected in heterosexual relations. [passage omitted] The official figures also show 500 cases of children with AIDS in our country, many of them at school. [passage omitted]

SWEDEN

Doctor Criticizes AIDS Policy as Isolationist

94WE0033D Stockholm DAGENS NYHETER in Swedish 29 Sep 93 p 4

[Guest commentary by Ove Berglund, chief physician at the Huddinge Infectious Diseases Clinic, and Amadou Jallow, pharmacist: "The HIV Risk Is Being Exaggerated"—first two paragraphs are DAGENS NYHETER introduction]

[Text] Specialists in infectious diseases are incapable of administering the compulsory measures of the infectious diseases law without committing serious humitarian injustice. So write Ove Berglund, chief physician at the Huddinge Infectious Diseases Clinic, and Amadou Jallow, a pharmacist, who work on HIV among Africans in Sweden. They describe how "Charlie" was put into compulsory isolation for a long time to protect his wife though she was informed about his HIV infection. Berglund and Jallow believe that we should take into consideration the fact that the risk of transmitting the infection is very low.

The risk of HIV transmission during sexual intercourse is less than one in 1,000, Ove Berglund writes.

Charlie is a 27-year-old man who came to Sweden in 1989 as a political refugee after having fled from a prison in a poor, war-ravaged African country. His wife, who was pregnant when he fled, remained in her home country.

When examined in 1989, Charlie was found to be HIV-positive. He is still physically quite unaffected by the disease and since 1991 has been subjected to routine checks by an infectious diseases doctor in Stockholm. On those occasions when Charlie meets the doctor he is quite reticent. He appears to be afraid and depressed, has few friends, and is afraid to meet fellow countrymen. He also thinks about his daughter and his wife and is uninterested in other women. He states he has not had sexual intercourse with any woman in Sweden.

Since Charlie did not respond to several calls from the hospital, the doctor feels forced to follow the rules of the law on infectious diseases and the National Board of Health and Welfare and so has reported him to the physician in charge of infectious diseases.

On 17 January Charlie's wife and his daughter, now 4 years old, come to Sweden. The wife's arrival quickly comes to the attention of the physician in charge of infectious diseases. In February the latter tells Charlie to make contact as soon as possible with the infectious disease clinic.

That happens. The conversation with the doctor and the social welfare worker is about Charlie's overriding problem: How will he find the strength to tell his wife about his HIV infection? He is scared stiff of the consequences this may have for his family.

Now the following happens. The doctor in charge of infectious diseases learns that the wife turns out to be pregnant. He calls her in for HIV testing without giving the real reason. The test is made and she will get the result on 5 April. Thereafter Charlie is again urged to inform his wife about his HIV infection.

On 5 April the wife learns: She is HIV-negative. The same day the doctor in charge of infections diseases decides to deal with Charlie immediately according to the law on infectious diseases. A few weeks later he is sentenced by district court to three months of compulsory isolation. On 15 June his case is rejected in the administrative court of appeal. On 20 July he is sentenced in district court to an additional 6 months of compulsory isolation.

Charlie has now been isolated for 5 months. He is granted two home visits per week and at that time the family is under guard. The guard's task is to see to it that Charlie and his wife do not go to bed with one another. Now on to the judicial proceedings. First it should be said that the doctor in charge of infectious diseases, who is the attorney in the court, of course has had access to the doctor's and the social welfare worker's files as well as oral information and evaluations. Of greatest informative value is the assessment of the administrative court of appeal in which Charlie appealed the first compulsory isolation. It is stated that since the wife got pregnant again, Charlie, without informing her of his condition, on at least one occasion exposed her to the risk of being infected with HIV.

The doctor in charge of infectious diseases alleges that in his 4 years in Sweden Charlie was repeatedly told to inform his sexual partner about his HIV infection and to use a condom. Despite this, he has now exposed his wife to the risk. As the reason the compulsory isolation should continue, it is stated that in the isolation unit they "tried to make contact with Charlie but were not successful" and that they think "Charlie is immature and thinks only about himself and has not given the impression of being concerned for his wife or his child." The doctor in charge of infectious diseases thinks that releasing him would mean "taking an unacceptable chance" with the risk that Charlie's pregnant wife could become infected with HIV. Charlie's wife tells the court that she wants to live with her husband and says that

they have not had sexual intercourse since she became pregnant since she was not feeling well.

The administrative court of appeals finds that ever since coming to Sweden in 1989 Charlie has failed to behave in ways acceptable under the law on infectious diseases. Charlie's behavior during the time just before his compulsory isolation the court considers to be a conscious disregard for the rules he was given and shows a lack of insight into the infection's serious nature.

Between the lines it emerges that Charlie's reliability is thought to be very low. The court adduces as its need to continue to keep him in compulsory isolation the fact that the attitude therapy that was conducted during the isolation has not yet made progress, since staff could not establish any successful contact with Charlie. He can thus not yet have appreciated the seriousness of the infection. Furthermore the court says that what Charlie's wife has said cannot be accorded any major significance in the case.

During the trial in district court in July, the doctor in charge of infectious diseases alleges that treatment has still not been successful. For example, Charlie has denied that he had former sexual contacts in Sweden (there is no proof that he had any, authors' note) and thus he has not helped trace the infection. The doctor in charge of infectious diseases finds that Charlie is emotionally immature and lacks intellectual resources.

So what sort of a monster is Charlie, this African who threatens Swedish society? We met him on several occasions in the isolation unit and during those supervised visits with his family. We think he is a man with great concern and love for his family. He is emotionally very mature and he has great integrity. He is intellectually at least normally equipped but does not speak very good English and next to no Swedish. He still hopes to be reunited with his family and to try and start a proper life in Sweden, though it is a country with incomprehensible laws. In the event it would help him to go free, he has given the doctor and the social welfare worker the opportunity to contact a female friend he once had and of whom he is still asked whether he had sexual relations with. She has known for several years that he has HIV, but Charlie cannot understand why it is necessary to drag her into this.

What does a legal system look like that can split up a family that was reunited after 4 years of involuntary separation, to "protect" an adult, intelligent, and fully informed woman against her will?

In court the doctor in charge of infectious diseases is the prosecutor. The doctor in charge of infectious diseases is the court's only expert not just in the fight against epidemics but also in psychiatry, psychology, and ethics. Both the district court as well as the administrative court of appeals have approved all of the infectious diseases doctor's evaluations. All were wrong.

Let us here develop the concept of risk from a purely biological point of view. It is of course the case that there exists the risk that Charlie's wife will become infected with HIV since we can never know what happens in two people's private lives. How great is the risk? In a study that was in fact conducted by Stockholm's former principal doctor in charge of infectious diseases, 25 partners of 23 people who had become HIV infected at a known point in time were tested for HIV. The couples had had normal sex lifes for 1 to 5 years before the HIV infection was discovered. It was discovered that one partner had become HIV-infected. That means that the infection was transmitted only once in 1,000 cases of sexual intercourse.

We know there are a number of factors that increase the biological risk, among which are those individuals who have a pronounced immune defect (AIDS), those who have certain other diseases, those who live in socioeconomic misery, plus those who have already infected one or several other similarly more infected individuals.

The generally low risk level means however that even people with pronounced risk behavior do not usually infect anyone else. Furthermore that is the reason compulsory isolation of a handful of individuals will not have an effect on the spread of HIV as a whole. There is no evidence that African HIV is more contagious than Swedish HIV; the terrible epidemic in Central Africa probably has other reasons.

The consequence of each transmission of infection is of course very serious. That is also true of each case of deprivation of liberty. So we make a mistake when we make an overall assessment when we decide to put someone in compulsory isolation if we do not take the biological risk into consideration. The doctor in charge of infectious diseases has determined that there is just one risk level: a very high risk. In Charlie's case, it is most probable that his wife, even during unprotected sexual intercourse, will not be infected in the next few years. The requirement by the doctor in charge of infectious diseases and the court that the risk should always be zero can be seen as their solution to the difficult problem of assessing someone else.

Where psychiatry and psychology are concerned, infectious diseases doctors, generally speaking, have insufficient expertise. The devastating assessment of Charlie's level of maturity and intelligence in this second hearing in district court was based on a single short meeting with Charlie 2 days before the proceedings in the administrative court of appeals.

So can't the expertise at the Yellow House tell the court about the result of the personality assessment and the insight therapy that the law requires? The answer is no, for two reasons. The first is that the staff have a low level of formal training. That means that they have significantly lower status than the infectious diseases doctor, who furthermore has all the power. Charlie's contact in the Yellow House, just like the nurse who is the head of

the unit, was practically steamrollered by the infectious diseases doctor, who from the beginning had decided that a man who makes his wife pregnant without saying that he is HIV is and remains a monster. The second reason is that those assessments and the therapy that the isolation unit was ordered to conduct can hardly be conducted under pressure. Charlie is not responsive to a therapy that is not to be had from people who try to instruct him in matters that he already knows about and interrogate him about conditions on which he has already reported.

With regard to the ethical aspects in Charlie's case, it should be obvious to each and every one that the laws and their enforcement led to a disastrous humanitarian injustice. The fact that Charlie's wife is pregnant cannot be of major significance in this respect. But even if it was suspected she could become infected in the next few months, then, as we see it, it is not society's task to prevent it with force.

The doctor in charge of infectious diseases, the district court, and the administrative court of appeals are incapable of administering those compulsory measures that the law on infectious diseases permits without serious humanitarian injustice. A major share of the blame is to be found in the law. For that reason the compulsory methods in the law must be deleted or significantly altered. If the latter alternative is chosen, the National Board of Health and Welfare must see to it that infectious diseases doctors are given such accurate instructions that the risk of legal injustice will be minimal.

Poll Shows Few Worried About AIDS

94WE0033C Stockholm SVENSKA DAGBLADET in Swedish 30 Sep 93 p 11

[Article by Kerstin Hellbom: "Little Interest in AIDS in Sweden"]

[Excerpts] Swedes have a tolerant and open attitude towards AIDS but at the same time a low level of involvement. The average Swede does not worry that much about AIDS nor does he think that the disease is a major threat to the Europe of the future.

That is the finding of a major European study on attitudes towards AIDS. It was conducted by Iris, an amalgamation of 15 European marketing and public opinion polling organizations. Interviews with 13,515 people from 14 European countries were conducted during March and April of this year.

Overall Europeans think AIDS is the third greatest threat, after unemployment and war, to the Europe of the future. Swedes put AIDS in fifth place after war, unemployment, environmental pollution, and nuclear energy. [passage omitted]

Major Concern in Spain

Sweden, Switzerland, the Netherlands, and Norway have the most tolerant attitudes in Europe towards AIDS. Further down on the tolerance list are Finland, Austria, and Belgium. The study also shows, not too surprisingly, that the more HIV-positives and persons with AIDS there are, the more the general public worries about the disease and the risk of infection.

The concern is great in, for example, Italy, Spain, and France, but slight in Sweden, Norway, and Austria.

Condoms

Finns think they know the most in Europe about AIDS. A whopping 84 percent responded that they "knew a great deal." Swedes came in in ninth place with their 59 percent who said they were knowledgeable on the subject.

Ninety-four percent of those Europeans interviewed think that men who frequently change their sexual partner ought to use a condom. Fifty-four percent think AIDS can do something good—that people can be forced to live less promiscuously.

A majority of those questioned thought that the best way to avoid getting infected with HIV was not to have any contacts whatever with drug users and homosexuals. Nor did almost 30 percent want to have a person infected with HIV in their workplace or in their children's school. At the same time a whole 73 percent thought that more money should be spent on care of persons with AIDS even if that meant that money had to be taken from other publicly supported services.

SWITZERLAND

Number of AIDS Cases Continues To Rise

LD2610122393 Bern Swiss Radio International in English 1100 GMT 26 Oct 93

[Text] The number of people with AIDS in Switzerland is continuing to climb with another 538 cases reported this year. Statistics for the first three-quarters of this year also showed an increase in the number of heterosexual cases. However, the Federal Health Ministry said the rate of infection with HIV, the virus which causes AIDS, was relatively stable. The ministry said Switzerland had recorded the total of just over 3,400 cases since beginning statistics and about 2,400 of those had died.

AIDS Specialist Predicts Financial Impact of Disease

AU0510194693 Paris AFP in English 1914 GMT 5 Oct 93

[Text] Lyon, France, Oct 5 (AFP)—The cost of acquired immune deficiency syndrome (AIDS) in the world will top 105 billion dollars by 2000, six or seven times the current figure, a specialist said here Tuesday.

Denis Clair-Lambert of France's National Scientific Research Centre, was speaking at the first international conference on paying for patients afflicted with the generally fatal disease.

"The industrialised countries like France and the United States will probably be able to cope with the increase in expenditure, but for developing countries it will be a disaster," he said.

Already, he said, the leaders of society in African countries were being struck down by AIDS, and their replacements were less highly qualified, "which seriously threatens future economic development."

Clair-Lambert based his estimates on those of the World Health Organisation (WHO) of at least 20 million people suffering from AIDS by 2000 and 40 million more carriers of the virus, compared with 2.5 million and 15 million today.

A WHO epidemiologist, Eric Van Praag, said that developing countries contained 80 percent of AIDS cases but could only afford 20 percent of the total funds being spent on fighting the disease.

In hospitals in the capitals of Zaire, Zambia, Rwanda and Burundi between 50 and 70 percent of all patients admitted had AIDS, he said. As a result staff were badly affected by stress, low morale and fear, and their charges were correspondingly less well cared for.

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